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LICENSE NUMBE	R: 014400002		CITY OR TOWN	BROCKTON
APPLICATION FO	R RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	AMES STREE	ET PUB,LLC		
DOING BUSINESS	A THE LIT			
ADDRESS 128-32	AMES ST.			
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02302
	VCEWICZ, PH V.	TYPE OF LICENSE:R	estaurant CA	TEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
THREE ROOMS AN STORAGE IN CELL		ON STREET FLOOR O	F A ONE STORY BUII	LDING WITH
I hereby certify and	swear under pen	alties of perjury that:		
1. the renew	ved license will b	be of the same type for the	ne same premises now li	censed;
2. the licens	ee has complied	with all laws of the Con	nmonwealth relating to	taxes; and
3. the premi	ses are now ope	n for business (If not exp	olain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	porate Officer	
DATE:	TELEP	HONE NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Indiv	ridual Social Security Number)
Acts of 2004, signe	d by the buildin	e are in possession (1) t ng inspector and the he nte of liquor liability ins	ad of the fire departm	
Please Check Below:			LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				_



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400004	CITY OR TOWN BROCKTON
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: GEORGE'S CAFE INC. OF BROO	CKTON
DOING BUSINESS A	
ADDRESS 220-28 BELMONT ST. & 224 REAR	
CITY/TOWN: BROCKTON STATE: 1	MA ZIP CODE: 02301
MANAGER: TARTAGLIA, TYPE OF LICENSI CHARLES	E:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FOUR DINING ROOMS, LOUNGE AND WAITING ROUNGE AND WAITING ROOM, FUNCTION/DININ SPACE IN THE REAR LOCATED ON THE FIRST FLOADDITIONAL STORAGE SPACE IN THE BASEMEN	G ROOM, KITCHEN AND STORAGE OOR OF A ONE-STORY BLDG., WITH
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the C	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
(If disapproved explain)	

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	EK: 014400005		CITY OR TOWN BROCKTON
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NAM	E: SDS HOSPIT	'ALITY,LLC	
DOING BUSINES	SS A QUALITY I	NN BROCKTON	
ADDRESS 1005	BELMONT ST.		
CITY/TOWN: B	ROCKTON	STATE: MA	ZIP CODE: 02301
	HARMA, IKRAM	TYPE OF LICENSE: Innh	nolder CATEGORY: All Alcohol
EMAIL ADDRES	SS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION C	F LICENSED PR	EMISES:	
THE BASEMENT STORAGE AND	Γ OF THE EAST ' DINING ROOM,	WING. LOUNGE WITH A WAITING AREA, STORA	BLE BAR AND STORAGE AREA IN BAR,DANCE FLOOR AND AGE AREA,KITCHEN AND PREP VING. 2 CONF ROOMS,OFFICE
•	-	alties of perjury that:	
		* *	same premises now licensed;
	•		onwealth relating to taxes; and
3. the pre	mises are now ope	n for business (If not expla	in below)
SIGNED BY	Individual, Pa	artner or Authorized Corpor	rate Officer
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
			(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, sig	ned by the building	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED:			LOCAL LICENSING AUTHORITY By:
DISAPPROVED:			-
(If disapproved ex	aplain)		
DATE:			



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LICENSE NUMBER: 01440	)0007	CITY OR TOWN BROCKTO	ON
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: FLOR	RENCIO LOPES		
DOING BUSINESS A MO	RA BESA		
ADDRESS 581 MAIN ST			
CITY/TOWN: BROCKTO	N STATE: MA	ZIP CODE: 02301	
MANAGER:	TYPE OF LICENSE: R	Restaurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	CHEN ON FIRST FLOOR,A DI ND STORAGE SPACE IN BAS	NING ROOM ON THE SECOND EMENT	FLOOR
I hereby certify and swear un	nder penalties of perjury that:		
1. the renewed licer	nse will be of the same type for the	ne same premises now licensed;	
2. the licensee has o	complied with all laws of the Cor	mmonwealth relating to taxes; and	
3. the premises are	now open for business (If not ex	plain below)	
SIGNED BY		OCC	
Indiv	idual, Partner or Authorized Cor	porate Officer	
DATE.			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
		(1700) 1702 Individual Social I	security (valideer)
		the certificate required by Chapt	
		ead of the fire department for the surance required by Chapter 110	
of 2010.	•		
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUS	T BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	(6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400010	C	ITY OR TOWN	BROCKTO	ON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	)13
	CLASS			YEAR
LICENSEE NAME: CAMPELLO VET	'ERAN FIREMAN'S			
DOING BUSINESS A ASSOCIATION,	INC.			
ADDRESS 224 CLINTON ST.				
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02302	
MANAGER: BADGIO, JAMES E.TYI	PE OF LICENSE: Club	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISENTIRE FIRST FLOOR AND BASEME I hereby certify and swear under penalties  1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for  SIGNED BY	ent of A one story s of perjury that: the same type for the same all laws of the Common	Me premises now newealth relating to below)		
DATE: TELEPHON	IE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head o	f the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By: 	ING AUTHO	ORITY
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMB	ER: 014400011		CITY OR TOWN BROCK	TON
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	E: J&A, LLC			
DOING BUSINES	SS A			
ADDRESS 549 C	OPELAND ST.			
CITY/TOWN: B	ROCKTON	STATE: MA	ZIP CODE: 02301	
	BRAHAM, JRENDRAN	TYPE OF LICENSE: Rest	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>
DESCRIPTION C				
		FUNCTION ROOM ON TH MENT OF A ONE STORY	E FIRST FLOOR AND ONE BLDG	ROOM
I hereby certify an	d swear under pe	nalties of perjury that:		
•	-	- · ·	same premises now licensed;	
2. the lice	ensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; and	d
3. the pre	mises are now op	en for business (If not explain	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, sign	ned by the build	ing inspector and the head	certificate required by Cha of the fire department for the cance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved ex	.piaiii)			
			-	
DATE:				



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LICENSE NU	MBER: 014400012	C	CITY OR TOWN BROCK!	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: CLUB NATION	ONAL FRANCO AMERICA	AN OF BROCKTON MA,	
DOING BUSI	NESS A			
ADDRESS 17	0 COURT ST.			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02302	
MANAGER:	PICKETT, STEPHEN	TYPE OF LICENSE:Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	IL ADDRESS	
	N OF LICENSED PR			
A ONE STOR	Y BLDG APPROX 6	0 X 40		
•	y and swear under pen	- · ·		
		be of the same type for the sa		
2. the	licensee has complied	l with all laws of the Commo	nwealth relating to taxes; and	l
3. the	premises are now ope	en for business (If not explain	below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpora	te Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the building	ng inspector and the head o	ertificate required by Chap of the fire department for th nce required by Chapter 11	e above
Please Check Bel	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	d explain)		-	
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 014400017		CITY OR	TOWN	BROCKTO	N
APPLICATION F	OR RENEWAL:	Annual		LICENS	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAMI	E: CHRISTO'S INC.					
DOING BUSINES	SS A					
ADDRESS 782 CI	RESCENT ST.					
CITY/TOWN: BI	ROCKTON	STATE: M	A ZIP C	CODE:	02302	
	AGANIS, TYPE IRISTOS	OF LICENSE:	Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOU	R EMAIL ADDRESS	3		
DESCRIPTION O	F LICENSED PREMISE	S:				
	FIVE DINING ROOMS,LOUNGE,KITCHEN,WAITING ROOM AND STOCK ROOM ON THE FIRST FLOOR OF A ONE STORY BLDG WITH STORAGE SPACE IN BASEMENT					
I hereby certify and swear under penalties of perjury that:						
1. the renewed license will be of the same type for the same premises now licensed;						
2. the lice	2. the licensee has complied with all laws of the Commonwealth relating to taxes; and					
3. the pren	mises are now open for bu	isiness (If not ex	xplain below)			
SIGNED BY						
	Individual, Partner or	· Authorized Co	rporate Office	er		
DATE:	TELEPHONE 1	NUMBER:				ION NUMBER:
			(Note	: <u>NOT</u> Indi	ividual Social Se	ecurity Number)
Acts of 2004, sign	ned, attest that we are in ned by the building inspe d (2) the certificate of lic	ector and the h	ead of the fir	e departn	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plain)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	014400018		CITY OR TO	NN BROCKTO	)N
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LUIGIS V INC.				
DOING BUSINESS A	GIGIS PUB				
ADDRESS 189-95 CF	RESCENT ST.				
CITY/TOWN: BROO	CKTON	STATE: MA	ZIP CODE	i: 02302	
MANAGER: SEGIO C. JR	O, SAMUEL TY	PE OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMI	SES:			
LOUNGE AND BAR ROOM LOCATED O STORAGE IN BASE	N THE FIRST FL				
I hereby certify and sw	vear under penaltie	s of perjury that:			
1. the renewe	d license will be of	f the same type for the	same premises	now licensed;	
2. the licensee	e has complied with	h all laws of the Com	monwealth relati	ng to taxes; and	
3. the premise	es are now open for	r business (If not expl	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICAT	
			(Note: NO.		ecurity Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the head	d of the fire dep	artment for the	above
Please Check Below:			LOCAL LIC	ENSING AUTHO	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NU	MBER: 014400020	•	CITY OR TOWN BROCK!	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: POLISH WI	HITE EAGLE CLUB OF MO	ONTELLO, INC.	
DOING BUSI	NESS A			
ADDRESS 40	EMERSON AVE.			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	LAZORKO, JOSEPH	TYPE OF LICENSE: Club	CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO ROOMS BASEMENT	S ON THE FIRST FI	LOOR OF A ONE STORY B	BLDG WITH STORAGE SPA	CE IN
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the s	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comme	onwealth relating to taxes; and	i
3. the	premises are now op	en for business (If not explai	in below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	certificate required by Chap of the fire department for th ance required by Chapter 1	ie above
Please Check Bel			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
OIS APPROVI				
(If disapprove	u capiani <i>j</i>			
				<del></del> -
DATE:				



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LICENSE NU	MBER: 014400024		CITY OR TOWN	BROCKTON
APPLICATIO	N FOR RENEWAL:	: Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: KENEK SPA	A INC.		
DOING BUSI	NESS A COLONIA	L SPA		
ADDRESS 9 I	FRANKLIN ST.			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301
MANAGER:	KENEKLIS, ROBERT	TYPE OF LICENSE: (	General on Coremise	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
ONE ROOM	AND STORAGE RO	OOM ON THE FIRST FL	OOR OF A ONE STO	ORY BLDG
I hereby certify	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for t	he same premises now	licensed;
2. the	licensee has complie	ed with all laws of the Cor	mmonwealth relating t	o taxes; and
3. the	premises are now op	oen for business (If not ex	plain below)	
SIGNED BY	Individual, I	Partner or Authorized Con	porate Officer	
DATE:	TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the he	ead of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)		-	
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16A)



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LICENSE NUN	MBER: 014400026		CITY OR TOWN	BROCKTON
APPLICATION	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: BROCKTON	N VETERAN FIREMEN AS	SSOCIATION	
DOING BUSIN	NESS A			
ADDRESS 50	HERROD AVE.			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301
MANAGER:	FLAHERTY, DENNIS T.	TYPE OF LICENSE: Clul	b CAT	TEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED P			
		OOR,ONE ROOM ON THE EMENT OF 2 STORY BLD		ND ONE ROOM
I hereby certify	and swear under pe	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	same premises now lic	censed;
2. the l	icensee has complie	ed with all laws of the Comm	onwealth relating to t	axes; and
3. the p	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:		DENTIFICATION NUMBER:
			(Note: <u>NOT</u> Indivi	dual Social Security Number)
Acts of 2004, s	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire departme	ent for the above
Please Check Below	<u>w:</u>		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	expiaiii)			
			-	
DATE:				



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LICENSE NUMBER	R: 014400029		CITY OR TOWN	BROCKTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	M & C OF THE VI	LLAGE CORPORA	ATION	
DOING BUSINESS	A Shoe City Tavern	& Restaurant		
ADDRESS 24 1/2 II	NTERVALE ST.			
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02302
MANAGER: CLIN	MO, DANIEL S. TYP	E OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR I	EMAIL ADDRESS	
	LICENSED PREMIS			
	REAS, A BAR AND T GWITH STORAGE II			
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	ved license will be of t	he same type for the	e same premises now	licensed;
2. the licens	see has complied with	all laws of the Com	monwealth relating t	to taxes; and
3. the premi	ises are now open for l	business (If not exp	lain below)	
SIGNED BY	Individual, Partner	or Authorized Corr	orate Officer	
	morridan, rumor	or ramorized corp		
DATE:	TELEPHONI	E NIIMBED:	EMPLOYEI	R IDENTIFICATION NUMBER:
	TEEEI HOIVI	2 IVOMBER.	(Note: NOT Inc	dividual Social Security Number)
We the undersigne	d attact that we are	in neggession (1) ti	ra aantifiaata naarin	ed by Chapter 304 of the
	d by the building ins			
named license and of 2010.	(2) the certificate of	liquor liability ins	urance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	aın)			
			-	
DATE:				
APPLICATION FOR RENEV	WAL MUST BE FILED BY LI	CENSEES DURING THE I	MONTH OF NOVEMBER (M	4.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	R: 014400031		CITY OR TOWN	BROCKTO	N
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
LICENSEE NAME:	TELLY & SONS CAF	E INC.			
DOING BUSINESS	A ALAMO CAFE				
ADDRESS 049-51 I	LEGION PARKWAY				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: EFR	EMIDIS, JOHN TYPE (	OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS		
	LICENSED PREMISES				
DINING ROOM AN SPACE IN BASEM	ND KITCHEN ON STRE ENT	ET FLOOR OF	A ONE STORY BLI	DG WITH ST	ORAGE
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for the	same premises now	licensed;	
2. the licens	see has complied with all	laws of the Com	monwealth relating to	o taxes; and	
3. the premi	ises are now open for bus	iness (If not expl	ain below)		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER	R IDENTIFICATIO	ON NUMBER:
			(Note: NOT Ind	lividual Social Sec	curity Number)
We the undersigne	ed, attest that we are in	nossossion (1) th	a cartificata raquir	ad by Chanta	r 304 of the
Acts of 2004, signe	d by the building inspec	tor and the hea	d of the fire departi	ment for the a	bove
named license and of 2010.	(2) the certificate of liqu	uor liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					
APPLICATION FOR RENEY	WAL MUST BE FILED BY LICEN	SEES DURING THE M	MONTH OF NOVEMBER (M	1.G.L. Ch. 138 \$ 16 <i>A</i>	A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400033		CITY OR TOWN BROCKTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: RJA CORPORATION	1	
DOING BUSINESS A JO ANGELO'S CAF	Œ	
ADDRESS 216 MAIN & 11 CRESCENT ST	TS.	
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301
MANAGER: ANGELO, JOSEPH TYPE R/	OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES	S:	
BAR AND LOUNGE, SERVICE BAR AND FIRST FLOOR OF A THREE-STORY BUIL THE FIRST FLOOR, AND AN OUTDOOR	LDING WITH STO	DRAGE IN THE BASEMENT AND ON
I hereby certify and swear under penalties of	perjury that:	
1. the renewed license will be of the	• •	•
2. the licensee has complied with all		•
3. the premises are now open for but	siness (If not explai	n below)
SIGNED BY Individual, Partner or	Authorized Corpor	rate Officer
individual, i artifer of	rationized corpor	ale Officer
DATE: TELEPHONE N	MI IMPED.	EMPLOYER IDENTIFICATION NUMBER:
TELLI HOIVE I	WOMBER.	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010.	ctor and the head	<u>-</u>
Please Check Below:		LOCAL LICENSING AUTHORITY
ADDDOVED.		
APPROVED:		By:
DISAPPROVED:		Ву:
		By:
DISAPPROVED:		By:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	IBER: 014400037		CITY OR TOWN BROCK	KTON
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE NA	ME: CAPE COD CA	AFE INCORPORATED		
DOING BUSIN	ESS A			
ADDRESS 979-	-81 MAIN ST.			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02301	
	JAMOULIS, JAMES E.	TYPE OF LICENSE: Res	staurant CATEGOR	RY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	OF LICENSED PRE			
	S, A LOUNGE/BAR A STORAGE IN BASE		3 STOR- AGE RMS. ON 1S	T FL. W/
I hereby certify a	and swear under penal	Ities of perjury that:		
1. the re	enewed license will be	e of the same type for the	same premises now licensed	•
2. the li	censee has complied v	with all laws of the Comr	nonwealth relating to taxes; a	and
3. the p	remises are now open	for business (If not expla	ain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corpo	orate Officer	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFIED	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004, si	igned by the building	g inspector and the head	e certificate required by Ch d of the fire department for rance required by Chapter	the above
Please Check Below	<u>v:</u>		LOCAL LICENSING AU	THORITY
APPROVED: [			By:	
DISAPPROVEI				
(If disapproved	expiaiii)			
DATE:			-	



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LICENSE NUMBER: 014400042	2	CITY OR TOWN BROCK	TON
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: PETER &	MAI INC.		
DOING BUSINESS A THE MA	IN DRAGON		
ADDRESS 1040-2 MAIN ST.			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: LAM, PETER K.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
	SIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTION OF LICENSED		A MITCHEN ON THE FIRM	T FI COD
LOUNGE WITH A BAR, DININ OF A ONE STORY BLDG WITH			T FLOOR
			<u> </u>
I hereby certify and swear under p	consisting of parity that		
• •		e same premises now licensed;	
	* *	monwealth relating to taxes; ar	nd
<u>*</u>	open for business (If not expl	· ·	
SIGNED BY			
Individual	, Partner or Authorized Corp	orate Officer	
DATE.			
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: <u>NOT</u> Individual Soci	ai Security Number)
We the undersigned, attest that			
Acts of 2004, signed by the buil named license and (2) the certification			
of 2010.	1		
Please Check Below:		LOCAL LICENSING AUT	THORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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LICENSE NUMBER: 014400	045	CITY OR TOWN BROCK	TON
APPLICATION FOR RENEV	VAL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: MAUI	LLC		
DOING BUSINESS A MAU	I RESTAURANT		
ADDRESS 1875 MAIN ST1	.883		
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: WONG, ELIZABETH	TYPE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALS	O VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF LICENSI			
2 DINING ROOMS,ONE WI AND STORAGE SPACE ON		VEL; LOUNGE WITH A BAR;	KITCHEN
I hereby certify and swear und	er penalties of perjury that:		
1. the renewed license	e will be of the same type for the	e same premises now licensed;	
2. the licensee has co	mplied with all laws of the Com	monwealth relating to taxes; an	d
3. the premises are no	ow open for business (If not exp	lain below)	
SIGNED BY			
Individ	ual, Partner or Authorized Corp	oorate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	al Security Number)
Acts of 2004, signed by the	building inspector and the hea	he certificate required by Cha nd of the fire department for the urance required by Chapter 1	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		<del></del>	
DATE:			



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LICENSE NUN	MBER: 014400048		CITY OR TOWN BROCK	TON
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: BROCKTON	N PHALANX INC.		
DOING BUSIN	NESS A PISCES LO	DUNGE		
ADDRESS 818	3-20 MAIN ST.			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	STRANGIS, ALEXANDER	TYPE OF LICENSE: Res	ctaurant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
	N OF LICENSED P			
KITCHEN AND STORAGE IN		OOMS ON THE FIRST FL	OOR OF A ONE STORY BL	DG WITH
I hereby certify	and swear under pe	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for the	same premises now licensed;	
2. the l	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; an	d
3. the p	premises are now op	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, s	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for the	he above
of 2010.	and (2) the certific	ate of inquor nability insu	rance required by Chapter 1	10 of the Acts
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUMBER: 014400049		CITY OR TOWN BROCKTON	
APPLICATION FOR RENEWAL	.: Annual	LICENSED FOR 2013	
	CLASS	YE.	AR
LICENSEE NAME: CARDOSC	CAFE, INC		
DOING BUSINESS A T			
ADDRESS 146-48 MONTELLO	DR.		
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: CARDOSO, CARLOS	TYPE OF LICENSE: Res	taurant CATEGORY: Al	l Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VIS	SIT OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED I			
ONE ROOM AND STORAGE ROSTORAGE SPACE IN BASEME		OOR OF A TWO STORY BLDG W	TTH
I hereby certify and swear under p	enalties of perjury that:		
1. the renewed license wi	ll be of the same type for the	same premises now licensed;	
2. the licensee has compli	ied with all laws of the Comn	nonwealth relating to taxes; and	
3. the premises are now o	pen for business (If not expla	in below)	
SIGNED BY			
Individual,	Partner or Authorized Corpo	rate Officer	
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION	
		(Note: NOT Individual Social Securi	ty Number)
Acts of 2004, signed by the build	ding inspector and the head	e certificate required by Chapter 3 of the fire department for the aborance required by Chapter 116 of	ove
Please Check Below:		LOCAL LICENSING AUTHORI	TY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NU	MBER: 014400050	(	CITY OR TOWN BROCK	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: BERTOCCI	MEMORIAL CLUB OF BR	OCKTON, INC.	
DOING BUSI	NESS A			
ADDRESS 59	4 MONTELLO ST.			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	DI CARLO, ROBERT J.	TYPE OF LICENSE: Club	CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	IL ADDRESS	
	N OF LICENSED PR			
			1 STORY BLDG. & PATIO ELLAR TO EXISTING BLD	
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for the sa	ame premises now licensed;	
2. the	licensee has complied	l with all laws of the Commo	onwealth relating to taxes; an	d
3. the	premises are now ope	en for business (If not explain	n below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpora	ate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004,	signed by the building	ng inspector and the head o	certificate required by Cha of the fire department for t ance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	u capiani)			
DATE:			-	



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LICENSE NUMBER: 01440005	1	CITY OR TOWN BROCKTON
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CARDOS	O, ANTONIA V.	
DOING BUSINESS A MALU'S	LOUNGE	
ADDRESS 023-25 MONTELLO	ST.	
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301
MANAGER: CARDOSO, ANTONIA	TYPE OF LICENSE: Re	staurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS
DESCRIPTION OF LICENSED		
	of a dining room, lounge with	D STORAGE ROOMS ON THE FIRST bar, dance floor, music booth, restrooms d level to the rear of the building
I hereby certify and swear under	penalties of perjury that:	
1. the renewed license w	vill be of the same type for the	same premises now licensed;
2. the licensee has comp	lied with all laws of the Com	monwealth relating to taxes; and
3. the premises are now	open for business (If not expl	ain below)
SIGNED BY	l, Partner or Authorized Corpo	orate Officer
marviduai	, Farmer of Aumorized Corpo	orate Officer
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
T E E	El Horte Problèm	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the bui	llding inspector and the head	te certificate required by Chapter 304 of the d of the fire department for the above arance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		



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LICENSE NUMBE	R: 014400053		CITY OR TOWN BROCK	TON
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME	: VULCAN BAR IN	NC		
DOING BUSINESS	S A			
ADDRESS 705 N.	MONTELLO ST			
CITY/TOWN: BR	OCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: ROSS.	SA, AUGUSTO TY	PE OF LICENSE: Res	staurant CATEGOR'	Y: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	FLICENSED PREMI			
		D STOCK ROOM ON TORAGE IN BASEM	N THE STREET FLOOR OF A MENT	A ONE
I hereby certify and	swear under penaltie	s of perjury that:		
1. the renev	wed license will be of	the same type for the	same premises now licensed;	
2. the licen	see has complied with	h all laws of the Comr	nonwealth relating to taxes; an	.d
3. the prem	ises are now open for	r business (If not expla	nin below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by Cha I of the fire department for t rance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:	<u> </u>		By:	
DISAPPROVED:	Loin)			
(If disapproved exp	14111)			
DATE:				



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LICENSE NU.	MBER: 014400060		CITY OR TOWN BROCKI	UN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: ASACK'S PLA	ACE, INC.		
DOING BUSI				
ADDRESS 57	1-73 NO. MAIN ST			
	BROCKTON	STATE: MA	ZIP CODE: 02301	
				. 411 4111
MANAGEK:	ASACK, PETER LA.	TYPE OF LICENSE: Ge	emise CATEGORY	: All Alcohol
EMAIL ADDI	SESS.			
LIMITAL MODI		OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO:	N OF LICENSED PRI			
ONE ROOM A	AND THREE STOCK	ROOMS ON THE FIRS	T FLOOR OF A ONE STORY	BLDG
I hereby certify	y and swear under pena	alties of perjury that:		
	•		e same premises now licensed;	
2. the	licensee has complied	with all laws of the Com	monwealth relating to taxes; and	I
3. the	premises are now oper	n for business (If not exp	lain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
			(Note: NOT Individual Social	Security Number)
We the under	reigned attact that we	o ara in nassassian (1) tl	ne certificate required by Chap	stor 304 of the
			d of the fire department for th	
named license	e .	<u> </u>	urance required by Chapter 11	
of 2010.				
Please Check Belo	ow:		LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiain)			
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED	BY LICENSEES DURING THE N	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUN	MBER: 014400062	(	CITY OR TOWN BROC	KTON
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSIN	ME: OAK LOUNGE IN NESS A O NO. MONTELLO ST.	NC		
CITY/TOWN:		STATE: MA	ZIP CODE: 02301	
		PE OF LICENSE: Resta		RY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EMA	IL ADDRESS	
810 NORTH M		NE DINING ROOM, A	BAR AND KITCHEN ON SECOND FLOOR OF A T	
1. the r 2. the l		the same type for the same all laws of the Commo	name premises now licensed onwealth relating to taxes; a n below)	
SIGNED BY	Individual, Partne	r or Authorized Corpora	ate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Acts of 2004, s	signed by the building in	spector and the head o	certificate required by Cl of the fire department for ance required by Chapter	the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AU By:	THORITY
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY I	LICENSEES DURING THE MON	NTH OF NOVEMBER (M.G.L. Ch. 13	38 \$ 16A)



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LICENSE NU	MBER: 014400063		CITY OR TOWN BROCK	TON
APPLICATIO	ON FOR RENEWAL:	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: FRANK'S O	F BROCKTON INC		
DOING BUSI	NESS A			
ADDRESS 26	55 NORTH PEARL S	ST		
CITY/TOWN	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	CASWELL, FRANK E.	TYPE OF LICENSE: Re	estaurant CATEGOR	Y: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS	
DESCRIPTIO	ON OF LICENSED P	REMISES:		
	S,BALCONY,KITCI G AND A ROOM IN		OM ON THE FIRST FLOOR	OF A ONE
I hereby certif	y and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to taxes; ar	nd
3. the	premises are now op	oen for business (If not expl	lain below)	
SIGNED BY				
	Individual, l	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	ai Security Number)
Acts of 2004,	, signed by the build	ling inspector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	THORITY
APPROVED:			By:	
DISAPPROV.				
(If disapprove	u expiain)			
			-	
DATE:				



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LICENSE NU	MBER: 014400066		CITY OR TOWN BROCKING	JN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE N.	AME: BROCKTON P	OST #1046 VFW OF U	J.S., INC.	
DOING BUSI	NESS A			
ADDRESS 28	3 NORTH QUINCY ST			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02302	
MANAGER:	DOHERTY, T BRANDON	ΓΥΡΕ OF LICENSE: Ve	terans club CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PRE	MISES:		
TWO ROOMS	S AND TWO STOCK R	OOMS ON THE FIRST	Γ FLOOR OF A ONE STORY B	LDG
I hereby certify	y and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed;	
2. the	licensee has complied w	with all laws of the Com	monwealth relating to taxes; and	
3. the	premises are now open	for business (If not expl	ain below)	
SIGNED BY  DATE:		ner or Authorized Corpo	orate Officer  EMPLOYER IDENTIFICA	TION NUMBER:
	TELEPH	ONE NUMBER:	(Note: NOT Individual Social S	
Acts of 2004,	signed by the building	inspector and the hea	e certificate required by Chapt d of the fire department for the arance required by Chapter 110	above
Please Check Bel	ow:		LOCAL LICENSING AUTH	ORITY
APPROVED: DISAPPROVI	ZD:		By:	
(If disapproved				
(11 disappiove	i explain)			
DATE:			<del>-</del>	
APPLICATION FOR	R RENEWAL MUST BE FILED B	BY LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NU	MBER: 014400072		CITY OR TOWN BROCK	KTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOI	R 2013
		CLASS		YEAR
LICENSEE N	AME: EMYSAFAF	RI DANCE CLUB CORP		
DOING BUSI	NESS A			
ADDRESS 02	2-26 PERKINS AVE	3		
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	EKECHUKWU, CHRISTIAN	TYPE OF LICENSE: Re	estaurant CATEGOR	RY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
			ROOM WITH BAR LOCAT ROOM IN THE BASMENT	ED ON THE
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now licensed	•
2. the	licensee has complie	d with all laws of the Com	monwealth relating to taxes; a	and
3. the	premises are now op	en for business (If not expl	lain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corp	orate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFI	
			(Note: NOT Individual Soc	cial Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	ne certificate required by Ch d of the fire department for urance required by Chapter	the above
Please Check Bel			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)			
			-	
DATE:			-	



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LICENSE NUMBE	R: 014400080		CITY OR TOW	M BROCKIC	)N
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 265 SAI		NTRY CLUB			
CITY/TOWN: BR	OCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: STAP.	THIS, STEVEN TYP	'E OF LICENSE: Ch	ıb	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	SES:			
ENTIRE TWO STO	ORY CLUBHOUSE A	ND BASEMENT			
I hereby certify and	swear under penalties	of perjury that:			
1. the renev	ved license will be of	the same type for the	same premises no	w licensed;	
2. the licens	see has complied with	all laws of the Com	nonwealth relating	g to taxes; and	
3. the prem	ises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT Individual Social S	
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	spector and the head	d of the fire depar	rtment for the	above
Please Check Below:			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:	(ain)				
(If disapproved expl	am)				
DATE:					
APPLICATION FOR RENE	WAL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 10	5A)



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LICENSE NUI	MBEK: 014400082		CH	IY OR TOWN	DRUCKIC	JIN
APPLICATIO1	N FOR RENEWAL:	Annual		LICEN	ISED FOR 20	013
		CLASS	,			YEAR
	AME: THORNY LE	A GOLF CLUB, INC	1.			
DOING BUSI	NESS A					
ADDRESS 159	9 TORRY ST.					
CITY/TOWN:	BROCKTON	STATE: N	ΜA	ZIP CODE:	02301	
MANAGER:	GLATTHORU, DANIEL D.	TYPE OF LICENSE	E:Club	C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT (	OUR WEBSITE AND ENTER YO	OUR EMAIL A	ADDRESS		_
DESCRIPTIO	N OF LICENSED PR	EMISES:				
TERRACE, DI STORAGE RO	ONTAINING AN UP INING ROOM, FUNC OOM. LOWER LEVE ALFWAY HOUSE LO	CTION ROOM WITH L WITH LIQUOR ST	H BAR, K TORAGE	ATCHEN, OF E ROOM TOG	FICES AND ETHER WITH	H THE
I hereby certify	and swear under pen	alties of perjury that:				
1. the	renewed license will b	e of the same type for	r the sam	e premises nov	v licensed;	
2. the	licensee has complied	with all laws of the C	Commonv	wealth relating	to taxes; and	
3. the	premises are now ope	n for business (If not	explain b	elow)		
SIGNED BY	Individual, Pa	rtner or Authorized C	Corporate	Officer		
DATE:	TEL ED			EMDI OVE	D IDENTIFICAT	TON NUMBER:
DITTE.	TELEP	HONE NUMBER:				ecurity Number)
				`		
Acts of 2004,	signed, attest that we signed by the building and (2) the certifica	ig inspector and the	head of t	the fire depart	ment for the	above
Please Check Belo	ow:		L	OCAL LICEN	SING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVE						
(If disapproved	l explain)		_			
			=			
DATE:			_			
DAIE.						



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LICENSE NUMBE	CR: 014400084		CITY OR TOW	N BROCKTO	ON
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS		UB INCORPOR	ATED		
ADDRESS 895 WA		CEL A EDE		02201	
CITY/TOWN: BR	COCKTON	STATE: M.	A ZIP CODE:	02301	
MANAGER: Bur	roughs, Donald TYPI	E OF LICENSE:	Club	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEB		R EMAIL ADDRESS		
	F LICENSED PREMISE				
	ORY BLDG AND BAS				
-	swear under penalties of the wed license will be of the		the same premises no	ow licensed:	
	see has complied with a		=		
	nises are now open for b			6	
SIGNED BY	Individual, Partner of	or Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		TER IDENTIFICAT	
Acts of 2004, sign	ed, attest that we are i ed by the building insp I (2) the certificate of l	ector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	loin)				
(11 disappioved exp	14111 <i>)</i>				_
DATE:					
APPLICATION FOR RENI	EWAL MUST BE FILED BY LIC	ENSEES DURING TH	E MONTH OF NOVEMBER	R (M.G.L. Ch. 138 \$ 1	6A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 014400085		CITY OR TOWN	BROCKTON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	ELMCOURT HOTE A SKEETER'S TAVI			
ADDRESS 33 WES	T ELM ST.			
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301
	NNONE, TYPE YMOND A.	E OF LICENSE: Inn	holder C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEE		MAIL ADDRESS	
	LICENSED PREMISI		T.	
	BLDG WITH STORA		I	
	swear under penalties of the control		same premises now	licensed:
	see has complied with a	* *	•	
	ises are now open for b		•	
SIGNED BY			0.00	
SIGNED BY	Individual, Partner of	or Authorized Corpo	orate Officer	
SIGNED BY	Individual, Partner o	or Authorized Corpo	orate Officer	
SIGNED BY  DATE:	Individual, Partner of TELEPHONE		EMPLOYER	R IDENTIFICATION NUMBER:
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc	lividual Social Security Number)
DATE:  We the undersigne Acts of 2004, signe	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate requir d of the fire depart	lividual Social Security Number) ed by Chapter 304 of the
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below:	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate require l of the fire departs rance required by	ed by Chapter 304 of the ment for the above
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are i d by the building insp	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: <u>NOT</u> Inc e certificate require l of the fire departs rance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire departm	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire departm	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
DATE:  We the undersigne Acts of 2004, signe named license and of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHONE ed, attest that we are i d by the building insp (2) the certificate of l	E NUMBER: in possession (1) the pector and the head	EMPLOYER (Note: NOT Inc.) e certificate required of the fire department of the fire departm	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 014400089		CITY OR TOWN BROCK	TON
APPLICATIO:	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: CONTE ME	EMORIAL CLUB INC., THE	B	
DOING BUSI	NESS A			
ADDRESS 88	WEST ASHLAND	ST.		
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	MACRINA, JOSEPH	TYPE OF LICENSE: Club	CATEGOR	Y: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	<u></u>
DESCRIPTIO	N OF LICENSED P	REMISES:		
		R AND ONE ROOM ON SE AND STORAGE IN BASEM	COND FLOOR OF A TWO : ENT	STORY
		enalties of perjury that:		
1. the	renewed license wil	l be of the same type for the s	same premises now licensed;	
		• •	onwealth relating to taxes; an	d
	•	oen for business (If not explain	•	
SIGNED BY				
	Individual,	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004,	signed by the build	ling inspector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Belo			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	ı expiaiii)			
DATE:				



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LICENSE NUMBE	ER: 014400090		CITY OR T	OWN	BROCKTO	)N
APPLICATION FO	OR RENEWAL:	Annual	I	LICENS	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME DOING BUSINES ADDRESS 195 WI						
CITY/TOWN: BE	ROCKTON	STATE: MA	ZIP COI	DE:	02301	
MANAGER: Pat	el, Janak TYPE	E OF LICENSE:	nnholder	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	3:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS			_
DESCRIPTION OF	F LICENSED PREMISE	ES:				
	GUEST ROOMS, A LC 7) AND AN ENCLOSE					OOMS (
I hereby certify and	swear under penalties o	f perjury that:				
1. the rene	wed license will be of th	e same type for t	he same premise	es now	licensed;	
2. the licer	see has complied with a	ll laws of the Co	mmonwealth rel	ating to	taxes; and	
3. the pren	nises are now open for b	usiness (If not ex	plain below)			
SIGNED BY	Individual, Partner o	r Authorized Co	rporate Officer			
D 4 500						
DATE:	TELEPHONE	NUMBER:				TION NUMBER: Security Number)
			(140te. <u>14</u>	IOI IIIUI	ividuai sociai s	security Number)
Acts of 2004, sign	ed, attest that we are in ed by the building insp I (2) the certificate of li	ector and the h	ead of the fire d	lepartn	nent for the	above
Please Check Below:	_		LOCAL L	ICENS!	ING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:	loin)					
(If disapproved exp	nam)					
			-			
DATE:						
APPLICATION FOR REN	EWAL MUST BE FILED BY LIC	ENSEES DURING THI	E MONTH OF NOVE	MBER (M.	.G.L. Ch. 138 \$ 10	6A)



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LICENSE NUMBER: 01440	0095	CITY OR TOWN BROCKTON
APPLICATION FOR RENE	WAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JOSEI	PH J. MURRAY	
DOING BUSINESS A TIN	RAY'S CAFE	
ADDRESS 9 WINTER ST.		
CITY/TOWN: BROCKTO	N STATE: MA	ZIP CODE: 02302
MANAGER:	TYPE OF LICENSE: R	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE AI	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENS		
ONE DINING ROOM, KITC WITH STORAGE SPACE I		N THE STREET FLOOR OF A COTTAGE
I hereby certify and swear un	der penalties of perjury that:	
1. the renewed licen	se will be of the same type for the	he same premises now licensed;
2. the licensee has c	omplied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are r	now open for business (If not ex	plain below)
SIGNED BY	1 1 D	. 055
Indivi	dual, Partner or Authorized Cor	porate Officer
DATE:		
DATE.	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		individual poetal security Nameer)
		the certificate required by Chapter 304 of the
, 0	~ <b>1</b>	ead of the fire department for the above surance required by Chapter 116 of the Acts
of 2010.		
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
DATE:		
APPLICATION FOR RENEWAL MUST	BE FILED BY LICENSEES DURING THE	E MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 01440	0096		CI	ΓY OR TOW	'N BROCKT	CON
APPLICATION FOR RENE	WAL:	Annu	al	LIC	ENSED FOR	2013
		CLAS	SS			YEAR
LICENSEE NAME: BROC DOING BUSINESS A HOM		HOUSE, I	NC.			
ADDRESS 6771/2 679 N.M.	AIN ST					
CITY/TOWN: BROCKTON	N	STATE:	MA	ZIP CODE:	02301	
MANAGER: POTTER, DA	AVID TYPE	OF LICEN	SE:Restauı	rant	CATEGORY	: All Alcohol
EMAIL ADDRESS:						
PLEASE AL	SO VISIT OUR WEBSI	TE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENS 2 DINING ROOMS, BAR, E CLOSET ON THE STREET BASEMENT	OART ROOM, I	BILLIARD				
I hereby certify and swear un	der penalties of	perjury tha	t:			
1. the renewed licens		* *		-		
2. the licensee has co	-				g to taxes; and	1
3. the premises are n	ow open for bus	siness (If no	ot explain t	below)		
SIGNED BY Individual	dual, Partner or	Authorized	l Corporate	Officer		
DATE:	TELEPHONE N	NUMBER:				ATION NUMBER: Security Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building inspe	ctor and tl	ne head of	the fire depa	rtment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				OCAL LICE ly:	NSING AUTI	HORITY
DATE:			_			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 014400102		CITY OR TOWN	BROCKTO	N .
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	ME: MARDON LIQ	QUORS,INC			
DOING BUSIN	IESS A SHANLEY'S	LIQUOR STORE			
ADDRESS 429	BELMONT STREET	7			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER:	VEIGA,MARIA S.	TYPE OF LICENSE:P	ackage Store C	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PRE	MISES:			
	STOCK ROOM,STOF ADDITIONAL STORA	RAGE ROOM ON THE AGE IN BASEMENT	E FIRST FLOOR OF	A ONE STO	RY
I hereby certify	and swear under pena	lties of perjury that:			
1. the r	enewed license will be	e of the same type for the	e same premises now	licensed;	
2. the 1	icensee has complied	with all laws of the Con	nmonwealth relating t	taxes; and	
3. the p	oremises are now open	for business (If not exp	olain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Corp	porate Officer		
DATE:	TELEPH	ONE NUMBER:	EMPLOYER	DENTIFICAT	ION NUMBER:
			(Note: NOT Inc	ividual Social S	ecurity Number)
Please Check Below	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
(11 disappioved	слуши)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0144	100103	CITY OR TOWN BROCKT	ON
APPLICATION FOR REN	TEWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: MAI DOING BUSINESS A HA ADDRESS 104 TORREY	AYDEN'S WESTSIDE LIQUOR	S	
CITY/TOWN: BROCKTO		A ZIP CODE: 02301	
	ARIA S. TYPE OF LICENSE:		: All Alcohol
EMAIL ADDRESS:  PLEASE	ALSO VISIT OUR WEBSITE AND ENTER YOU		All Alcohol
		OF A ONE STORY BUILDING W OM	TITH A
2. the licensee has 3. the premises are SIGNED BY	* *		
mu	vidual, I artifel of Authorized Co	rporate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:		-	



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14400104		CI	TY OR TOV	WN	BROCKTO	ON
APPLICATION FOR R	ENEWAL:	Annu	al	LIC	CENS	ED FOR 20	013
		CLAS	SS				YEAR
LICENSEE NAME: S	EJAL, INC.						
DOING BUSINESS A	CHEER'S LIQUORS						
ADDRESS 1254 BELM	ONT STREET						
CITY/TOWN: BROC	KTON	STATE:	MA	ZIP CODE	l:	02301	
MANAGER: PATEL	, MANISHA TYPE (	OF LICENS	SE:Packaş	ge Store	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WEBSIT	TE AND ENTER	YOUR EMAIL	ADDRESS			_
DESCRIPTION OF LIC	CENSED PREMISES	:					
RETAIL SALES AREA REAR, ALL OF WHICH							THE
I hereby certify and swe	ar under penalties of	perjury tha	t:				
1. the renewed	license will be of the	same type	for the sar	ne premises	now 1	licensed;	
2. the licensee	has complied with all	laws of the	Common	wealth relati	ng to	taxes; and	
3. the premises	are now open for bus	siness (If no	ot explain	below)	•		
SIGNED BY							
	ndividual, Partner or	Authorized	Corporat	e Officer			
DATE:	TELEPHONE N	UMBER:		EMPLO	YER	IDENTIFICAT	TION NUMBER:
				(Note: NO	<b>፲</b> Indi	vidual Social S	Security Number)
Please Check Below:			]	LOCAL LIC	ENSI	NG AUTH	ORITY
APPROVED:			J	Ву:			
DISAPPROVED:							
(If disapproved explain)	1						
			•				
DATE:			•				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400	105	CITY (	OR TOWN	BROCKTO	N	
APPLICATION FOR RENEW	VAL: An	nual	LICEN	SED FOR 20	13	
	CL	ASS		,	YEAR	
LICENSEE NAME: KHPI	ENTERPRISES					
DOING BUSINESS A EAST	SIDE PACKAGE STO	ORE				
ADDRESS 469 CENTRE STI	REET					
CITY/TOWN: BROCKTON	STATE	E: MA ZIF	P CODE:	02302		
MANAGER: GILL, MALK	IAT S. TYPE OF LICE	ENSE: Package Sto	ore CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PLEASE ALS	O VISIT OUR WEBSITE AND EN	TER YOUR EMAIL ADDR	ESS			
DESCRIPTION OF LICENSE	ED PREMISES:					
THREE ROOMS AND TWO						
WITH STORAGE SPACE IN BASEMENTA STORAGE AREA ON THE SECOND LEVEL LOCATED IN THE REAR OF THE BUILDING						
I hereby certify and swear und	er penalties of perjury	hat:				
	e will be of the same type		emises now	licensed;		
2. the licensee has con	mplied with all laws of	the Commonweal	th relating to	taxes; and		
3. the premises are no	w open for business (If	not explain below	w)			
SIGNED BY						
Individ	ual, Partner or Authoriz	zed Corporate Off	ficer			
		Ī				
D . 1000						
DATE: T	ELEPHONE NUMBE		EMPLOYER IDENTIFICATION NUMBER:  (Note: NOT Individual Social Security Number)			
		(1)	tote. <u>1101</u> IIId	ividuai sociai se	ecurity Number)	
Please Check Below: LOCAL LICENSING AUTHORITY						
APPROVED: By: DISAPPROVED:						
(If disapproved explain)						
(11 disapproved explain)		_				
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400106	CITY OR TOWN BROCKTON				
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013				
CLASS	YEAR				
LICENSEE NAME: SUPER VALUE LIQUORS, INC.					
DOING BUSINESS A SHAMROCK LIQUORS					
ADDRESS 597 CENTRE STREET					
CITY/TOWN: BROCKTON STATE: M.	A ZIP CODE: 02302				
MANAGER: COFFIN, MICHAEL TYPE OF LICENSE:	Package Store CATEGORY: All Alcohol				
EMAIL ADDRESS:					
DESCRIPTION OF LICENSED PREMISES:  MAIN ROOM AND A STOCK ROOM ON THE FIRST FLOOR OF A ONE STORY BLDG  I hereby certify and swear under penalties of perjury that:  1. the renewed license will be of the same type for the same premises now licensed;  2. the licensee has complied with all laws of the Commonwealth relating to taxes; and  3. the premises are now open for business (If not explain below)					
SIGNED BY Individual, Partner or Authorized Co	orporate Officer				
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)				
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014400109		CI	TY OR TOWN	BROCKTO	ON
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	GOLDEN MO	UNTAIN DISCOU	J <b>NT LIQU</b>	JORS, INC		
DOING BUSINESS A	PLAZA LIQ	UORS				
ADDRESS 724 CRES	CENT STREE	<b>CT</b>				
CITY/TOWN: BROC	CKTON	STATE:	MA	ZIP CODE:	02302	
MANAGER: CHOO	K, MANY	TYPE OF LICENS	SE:Packag	ge Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
2. the licensee	ear under pena l license will b has complied		t: for the san e Common	ne premises now wealth relating to	licensed;	
SIGNED BY	Individual, Pa	rtner or Authorized	Corporate	e Officer		
DATE:	TELEPH	HONE NUMBER:				CION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:			-			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400112		CITY OR TOWN	BROCKTO	ON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: MJS GROUI	P, INC.			
DOING BUSINESS A BRIDGEW	'AY LIQUORS			
ADDRESS 142 HOWARD STREE	ET			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02302	
MANAGER: KAUR, JASVIR	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PRONE STORY BLDG WITH STOR  I hereby certify and swear under period in the renewed license will  2. the licensee has complied  3. the premises are now open.	AGE IN REAR nalties of perjury that: be of the same type for the d with all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, F	Partner or Authorized Corpo	rate Officer		
DATE: TELEI	PHONE NUMBER:	EMPLOYER (Note: <u><b>NOT</b></u> Ind		ION NUMBER: ecurity Number)
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:014400114		CITY OR TOWN	BROCKTON
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	GIANNAROS, II	NC.		
DOING BUSINESS	A GIANNAROS I	DISCOUNT LIQU	ORS	
ADDRESS 430 MAI	N STREET			
CITY/TOWN: BRO	CKTON	STATE: M	ZIP CODE:	02301
	INROS, TY	YPE OF LICENSE	Package Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREM	IISES:		
			D STOCK ROOM ON TOOM FLOOR OF A TW	
	es are now open fo	or business (If not e		
DATE:	TELEPHO	NE NUMBER:		IDENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICENS By:	ING AUTHORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400116		CITY OR TOWN	BROCKTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DEFTOS LIQU	OR STORE, INC.		
DOING BUSINESS A			
ADDRESS 1028 MAIN STREET			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02301
MANAGER: PAPADOPOULOS, T JOHN	YPE OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREM	MISES:		
ONE ROOM ON THE STREET FLOOR ROOMS IN BASEMENT	OR OF A ONE STORY	BLDG WITH THR	EE STORAGE
<ol> <li>the renewed license will be</li> <li>the licensee has complied w</li> <li>the premises are now open to</li> </ol>	rith all laws of the Comm	nonwealth relating to	
SIGNED BY Individual, Parts	ner or Authorized Corpo	orate Officer	
D.4705			
DATE: TELEPHO	ONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400118		CITY OR TOWN	BROCKTON
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: 1666 MAIN	STREET CORP		
DOING BUSINESS A			
ADDRESS 1666 MAIN STREET			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02301
MANAGER: KELLEHER, MARK G.	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PLAPPROX. 10,000 SQ. FT. CONTAWALK-IN COOLER WITH STOR	AINING MAIN ROOM-FO		
2. the licensee has complied     3. the premises are now operations of the premises are now operations.  SIGNED BY		ain below)	o taxes; and
marviduai, i	articl of Authorized Corp	orate Officer	
DATE: TELE	PHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0144	30120	CITY OR TOWN BROCKI	ON
APPLICATION FOR REN	EWAL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: ORL. DOING BUSINESS A RIC			
ADDRESS 763-69 NORTH	I MAIN ST.		
CITY/TOWN: BROCKTO	ON STATE: MA	ZIP CODE: 02301	
MANAGER:	TYPE OF LICENSE: P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	ALSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	ROOM ON THE FIRST FLOOR nder penalties of perjury that:	OF A ONE STORY BLDG	
2. the licensee has	nse will be of the same type for the complied with all laws of the Comnow open for business (If not exp	nmonwealth relating to taxes; and	
SIGNED BY Indiv	ridual, Partner or Authorized Cor	porate Officer	
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 014400122		CITY OR TOWN	BROCKTON	
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NA	AME: NEMO'S CA	RRY ALL MARKET, IN	IC.		
DOING BUSI	NESS A				
ADDRESS 57	2 572 1/2 NORTH M	IAIN STREET			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER:	BARONCELLI, PAUL	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY: All Alcohol	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PI	REMISES:			
	AND STOCK ROO L STORAGE IN BAS	M ON STREET FLOOR SEMENT	OF A ONE STORY I	BLDG WITH	
	_	d with all laws of the Cor en for business (If not exp	_	o taxes; and	
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:		L IDENTIFICATION NUMBER: lividual Social Security Number)	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY	
DATE:					
D111D.					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014400123		CITY OR TOWN	BROCKTO	N
APPLICATION FOR	RENEWAL:	Annual	LICENS	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME:	CARY HILL DISCO	OUNT LIQUORS	INC.		
DOING BUSINESS A	CARY HILL DISC	COUNT LIQUORS	S		
ADDRESS 243 EAST	ASHLAND STREE	ET			
CITY/TOWN: BROO	CKTON	STATE: MA	ZIP CODE:	02302	
MANAGER: CARN J.	EY, MAURA TYP	E OF LICENSE: Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	ES:			
MAIN SALES ROOM OFFICE	,WALK IN COOLE	ER,DRY STORAG	E AREA AND A SM	ALL BUSIN	ESS
	s are now open for b		nmonwealth relating to	- Carees, and	
	Individual, Partner	or Authorized Corp	oorate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	]		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14400126		CI	TY OR TOW	N BROCKTO	)N
APPLICATION FOR R	ENEWAL:	Annua	al	LIC	ENSED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: G	OLDEN ROCK I	DISCOUNT LI	IQUORS,	INC.		
DOING BUSINESS A	ROSE'S DISCOU	INT LIQUORS	S			
ADDRESS 186 OAK S	TREET					
CITY/TOWN: BROCK	KTON	STATE:	MA	ZIP CODE:	02301	
MANAGER: CHOW,	MAY MI TYI	PE OF LICENS	SE:Packag	ge Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LIC	ENSED PREMIS	SES:				
STREET FLOOR OF A	ONE STORY B	LDG WITH ST	TORAGE :	IN REAR		
I hereby certify and swe	ar under penalties	of perjury that	t:			
1. the renewed	license will be of	the same type	for the san	ne premises n	ow licensed;	
2. the licensee l	has complied with	all laws of the	Common	wealth relatir	ig to taxes; and	
3. the premises	are now open for	business (If no	ot explain l	below)		
SIGNED BY						
I	ndividual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:		EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
Please Check Below:			Ι	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			F	By:		
DISAPPROVED:						
(If disapproved explain)			-			
			=			
DATE:			<del>-</del>			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:014400127		CITY OR TOW	N DRUCKI	ON
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 13 PEAR	L STREET				
CITY/TOWN: BRC	CKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: SEDI A.	ELL, SANDRA TYPE	OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREMISES	S:			
MAIN ROOM AND	STOCK ROOM ON ST	TREET FLOOR C	OF A ONE STORY	Y BLDG	
	te has complied with all tes are now open for but the ses are now open for	siness (If not expl	ain below)	g to taxes; and	
	morridan, rannor or	rudionized corp.	State Officer		
DATE:	TELEPHONE N	NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICER By:	NSING AUTH	ORITY
(If disapproved expla	in)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400128	CITY OR TOWN BROCKTON
APPLICATION FOR RENEWAL: Annu	ual LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: GOLAB CORPORATION	
DOING BUSINESS A FERNANDEZ FAMILY LIQU	JORS
ADDRESS 121-23 PLEASANT STRE	
CITY/TOWN: BROCKTON STATE:	MA ZIP CODE: 02301
MANAGER: RASHID, HARUN TYPE OF LICEN RU	NSE:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTE	R YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
MAIN SALES ROOM ON FIRST FLOOR OF A THR ROOMS,OFFICE AND COOLER IN THE REAR,TO	
<ol> <li>the renewed license will be of the same type</li> <li>the licensee has complied with all laws of th</li> <li>the premises are now open for business (If renewed)</li> </ol>	ne Commonwealth relating to taxes; and
SIGNED BY Individual, Partner or Authorize	d Corporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Please Check Below: APPROVED:	LOCAL LICENSING AUTHORITY
DISAPPROVED:	By:
(If disapproved explain)	
DATE:	<del></del>



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 014400131		CITY OR TOWN BROCK	ION
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		RD BROCKTON INC		
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	OCCHIPINTI, DENNIS	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VIS	IT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED F	PREMISES:		
a main room	for retail sales, an	office and storage room		
2. the	licensee has compli premises are now o	• •		i
DATE:	TELE	EPHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Beld APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400133		CITY OR TOWN	BROCKTO	N
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
	CLASS		,	YEAR
LICENSEE NAME: BROCKTON LIQ DOING BUSINESS A ADDRESS 383 385 NORTH MAIN S	UORS, INC			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: DAVEIGA, TY DOMINGOS	PE OF LICENSE: Pac	kage Store CA	TEGORY:	All Alcohol
EMAIL ADDRESS:	STERSIFE AND ENTER VOLUE FA	TAIL ADDDESS		
DESCRIPTION OF LICENSED PREMI ONE ROOM AND 4 STOCK ROOMS (			ORY BLDG	
1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open for	f the same type for the sch all laws of the Comm	nonwealth relating to		
SIGNED BY Individual, Partne	er or Authorized Corpo	rate Officer		
DATE: TELEPHON	NE NUMBER:	EMPLOYER I		ION NUMBER:
Please Check Below:  APPROVED:  DISAPPROVED:  (If disapproved explain)		LOCAL LICENSI By:	NG AUTHO	DRITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014400135		CITY OR TOWN BROCK	TON
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	SHORT STOP M	ARKET, INC.		
DOING BUSINESS A				
ADDRESS 464 EAST	ASHLAND ST.			
CITY/TOWN: BROO	CKTON	STATE: MA	ZIP CODE: 02302	
MANAGER: SINGE	H, GURDIP TY	YPE OF LICENSE: Pa	ckage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF L				
ONE MAIN ROOM A	ND A STOCK R	OOM ON THE FIRST	Γ FLOOR OF A ONE STORY	BLDG
I hereby certify and sw	ear under penaltie	es of perjury that:		
			e same premises now licensed;	
2. the licensee	has complied wit	th all laws of the Com	monwealth relating to taxes; and	d
3. the premise	es are now open for	or business (If not expl	ain below)	
SIGNED BY			0.07	
	Individual, Partne	er or Authorized Corp	orate Officer	
D. 1. 1917				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: <u>NOT</u> Individual Socia	i Security Number)
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	1)			<del></del>
			-	
DATE:				



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LICENSE NUN	MBER: 014400140		CITY OR TOWN	BROCKTO	ON
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	ME: SIDELINES	SPORTS BAR, INC.			
ADDRESS 235	ASHLAND ST.				
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02302	
MANAGER:	Kelley, Laura	TYPE OF LICENSE: R	estaurant (	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-
ROOM CONTA	AINING A SERVICI ONE-STORY BLDG				
• •	•	nalties of perjury that:			
		be of the same type for the	•		
	-	l with all laws of the Con	•	to taxes; and	
o. the p	oremises are now ope	en for business (If not exp	orani below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE:	TELEP	HONE NUMBER:		ER IDENTIFICAT	
			(1 totel <u>1 to 1</u> 11	idividuai Bociai B	cearity (valider)
Acts of 2004, s	signed by the building	re are in possession (1) t ng inspector and the hea ate of liquor liability ins	ad of the fire depar	tment for the	above
Please Check Belov APPROVED:	<u>w:</u>		LOCAL LICEN	SING AUTHO	ORITY
DISAPPROVED.	D:		By:		
(If disapproved					
DATE:					



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LICENSE NU	MBER: 014400145		CITY OR TOWN BROCKT	ON
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NA	AME: A.G.A.M., II	NC.		
DOING BUSI	NESS A ALEXANI	DER'S RESTAURANT		
ADDRESS 39	1 CRESENT STREE	ET		
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02302	
MANAGER:	MOURATIDIS, GEORGE	TYPE OF LICENSE: Res	ctaurant CATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
-	N OF LICENSED P			
	OOM AND KITCHE PACE IN THE BASE		OF A ONE STORY BLDG. W	TTH
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comn	nonwealth relating to taxes; and	
3. the	premises are now op	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corpo	rate Officer	
DATE:			EMPLOYED IDENTIFICA	TION NUMBER
DATE.	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
			· —	,
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Chap I of the fire department for the	e above
of 2010.	e and (2) the certific	cate of fiquor hability insu	rance required by Chapter 11	6 of the Acts
Please Check Belo	ow:		LOCAL LICENSING AUTH	IORITY
APPROVED:			By:	
DISAPPROVE	ED:		•	
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER:	)14400148		CITY	OR TOW	N BROCKTO	DN
APPLICATION FOR I	RENEWAL:	Annu	al	LICI	ENSED FOR 20	)13
		CLA	SS			YEAR
LICENSEE NAME:	LEE FAI,INC					
DOING BUSINESS A	CHANG CHUN	RESTAURAN	ÍΤ			
ADDRESS 776 CENT	RE STREET					
CITY/TOWN: BROC	KTON	STATE:	MA Z	IP CODE:	02301	
MANAGER: KIN TI LEE,W	ING TY ILSON	PE OF LICEN	SE:Restauran	nt	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR V	WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		_
DESCRIPTION OF LI						
ONE LARGE DINING FLOOR OF A ONE ST						
3. the premises	has complied wit s are now open fo Individual, Partne	r business (If no	ot explain bel	ow)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:		EMPLOY	YER IDENTIFICAT	TON NUMBER:
				(Note: NOT	Individual Social S	ecurity Number)
We the undersigned, Acts of 2004, signed by named license and (2) of 2010.	by the building in	nspector and tl	ne head of th	e fire depa	rtment for the	above
Please Check Below:			LO	CAL LICE	NSING AUTHO	ORITY
APPROVED:	٦		By:			
DISAPPROVED: (If disapproved explain	)					
(11 disappioved explain	7					
DATE:						



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LICENSE NUMBER:	014400150		CITY OR TOWN BROCKT	ON
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 180 NORT				
CITY/TOWN: BROO		STATE: MA	ZIP CODE: 02301	
MANAGER: PINA,		PE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:				
PI	LEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	SES:		
A DINING ROOM, C LOCATED ON THE I			ITCHEN AND STORAGE ARE	ZA
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	d license will be of	the same type for the	e same premises now licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating to taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)	
SIGNED BY	L.P. M. J. Down		000	
	Individual, Partner	or Authorized Corp	orate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
	TEEET HOLV	E IVONIBEIX.	(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	by the building ins	spector and the hea	ne certificate required by Chap ad of the fire department for th urance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	1)		-	
DATE:				
<i></i>				



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LICENSE NUMBER:	014400152		C	ITY OR TOW	N BROC	KTON
APPLICATION FOR I	RENEWAL:	Annu	al	LIC	ENSED FO	R 2013
		CLAS	SS			YEAR
LICENSEE NAME:	SINEAD ENTERPRI	ISES, INC.				
DOING BUSINESS A	OWEN O'LEARY'S	S				
ADDRESS 1280 BELI	MONT STREET					
CITY/TOWN: BROC	CKTON	STATE:	MA	ZIP CODE:	02301	L
MANAGER: GILL,	KEVIN F. TYPE	OF LICENS	SE: Resta	urant	CATEGOI	RY: All Alcohol
EMAIL ADDRESS:						
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER	YOUR EMAI	L ADDRESS		
DESCRIPTION OF LI						
A KITCHEN, DINING FLOOR OF A ONE-ST						FIRST
I hereby certify and sw	ear under penalties o	f neriury tha	·			
•	l license will be of the	1 0 0		me premises n	ow licensed	l;
2. the licensee	has complied with al	ll laws of the	Commo	nwealth relatin	g to taxes; a	and
3. the premises	s are now open for bu	usiness (If no	t explain	below)		
SIGNED BY			~	O CCT		
	Individual, Partner or	r Authorized	Corpora	te Officer		
DATE:	TELEDITONE	NII IMBED.		EMPI O	VER IDENTIE	FICATION NUMBER:
	TELEPHONE	NUMBER:				ocial Security Number)
		_				
We the undersigned, Acts of 2004, signed b		-		_	•	_
named license and (2)						
of 2010.						
Please Check Below:				LOCAL LICE	ENSING AU	JTHORITY
APPROVED: DISAPPROVED:	٦			By:		
(If disapproved explain	] ]					
· · · · · · · · · · · · · · · · · · ·	,					
DATE:						



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LICENSE NUMBER: 01440013	15	CITY OR TOWN DROCKTON
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: WESTGA	ATE LANES, INC.	
DOING BUSINESS A HARRY	'S WESTGATE PUB & GRILI	L
ADDRESS 59 WESTGATE DR	RIVE	
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301
MANAGER: MINASSIAN, JASON D.	TYPE OF LICENSE: Rest	caurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED	PREMISES:	
LARGE AREA CONTAINING	BILLIARD TABLES, VIDEO E STORY BUILDING WITH S	ISISTING O F A BAR, LOUNGE, GAME ROOM AND STORAGE ON NACK FACILITY FOR SERVING OF 65 WESTGATE DR.
I hereby certify and swear under	penalties of perjury that:	
	will be of the same type for the s	-
•	plied with all laws of the Comm	
3. the premises are now	open for business (If not explain	in below)
SIGNED BY Individua	ıl, Partner or Authorized Corpor	rate Officer
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the bu	ilding inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Below: APPROVED:		LOCAL LICENSING AUTHORITY By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved explain)		
DATE:		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	2:014400156		CITY OR TOWN	BROCKTO	ON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	R & K FOOD	MART, INC.			
DOING BUSINESS	A R & K INTE	RNATIONAL			
ADDRESS 79 LEGI	ON PARKWAY	<i>T</i>			
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: KHA	N,SHAHIN	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
•	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF					
WINE DISPLAY, A	DELI AND PA	SPACE CONSISTING STRY COUNTER, BE F A 2-STORY BLDG.			
2. the license	ed license will bee has complied	e of the same type for the with all laws of the Conformation for business (If not expected the conformation of the conformation).	mmonwealth relating		
SIGNED BY	Individual, Pa	rtner or Authorized Co	rporate Officer		
DATE:	TELEPI	HONE NUMBER:			TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	uin)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 014400162		CITY OR TOWN BROCK	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N.	AME: JEANO'S RE	STAURANT CORP.		
DOING BUSI	NESS A			
ADDRESS 76	9 MAIN STREET			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	DIEULIFANTE, JEAN	TYPE OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
	N OF LICENSED PR			
ONE DINING AREA.	ROOM, A KITCHE	N, WAITING AREA WITI	H COUNTER , BAR AND ST	ORAGE
I hereby certify	y and swear under per	alties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	l with all laws of the Comn	nonwealth relating to taxes; and	d
3. the	premises are now ope	en for business (If not expla	in below)	
SIGNED BY	T 1' ' 1 1 D		. OCC	
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE:			EMDLOVED IDENTIFIC	ATION NUMBER.
DATE.	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004,	signed by the building	ng inspector and the head	e certificate required by Cha l of the fire department for the rance required by Chapter 1	he above
Please Check Bel	ow:		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:			-	



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LICENSE NUMBER: 0	14400163		CITY OR TOWN	BROCKTON
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME: S	AND T DELI, INC			
DOING BUSINESS A	GOURMET DELI A	AND PUB		
ADDRESS 327 NORTH	H PEARL ST			
CITY/TOWN: BROCK	KTON	STATE: MA	ZIP CODE:	02301
MANAGER: DOYLE P	, THOMAS TYPE	OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLEA	ASE ALSO VISIT OUR WEBSI	TTE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMISES	S:		
A BAR AND DINING I A ONE STORY BLDG	ROOM, GAME ARE	EA, KITCHEN A	ND OFFICE ON TH	E FIRST FLOOR OF
2. the licensee h	license will be of the	same type for the laws of the Com	e same premises now monwealth relating to ain below)	
Iı	ndividual, Partner or	Authorized Corp	orate Officer	
DATE:	TELEPHONE 1	NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signed by	y the building inspe	ctor and the hea	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED: DISAPPROVED: (If disapproved explain)			Ву:	
			-	
DATE:				



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LICENSE NUMBE	R: 014400167		CITY OR TOW	N BROCKTO	)N
APPLICATION FO	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	Soares Club, LI	LC			
DOING BUSINESS	A Bar Dino's				
ADDRESS 1002 M	AIN ST				
CITY/TOWN: BR	OCKTON	STATE: MA	ZIP CODE:	: 02301	
MANAGER: Soan	res, Lucindo	ΓΥΡΕ OF LICENSE: Ge pre	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				]
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF					
		FICE AND STORAGE A LDING WITH ADDITIO			
I hereby certify and	swear under penal	ties of perjury that:			
1. the renev	ved license will be	e of the same type for the	same premises n	low licensed;	
2. the licens	see has complied v	with all laws of the Com	monwealth relatir	ng to taxes; and	
3. the prem	ises are now open	for business (If not expl	ain below)		
SIGNED BY					
	Individual, Part	tner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
		are in possession (1) the			
		e of liquor liability insu			
of 2010.					
Please Check Below:			LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)				
			-		
DATE:			-		



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400175		CITY OR TOWN	BROCKTON
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ROCKTON CORP			
DOING BUSINESS A BUD'S CONVENIENCE	Œ		
ADDRESS 532 N. QUINCY STREET			
CITY/TOWN: BROCKTON S'	TATE: MA	ZIP CODE:	02301
MANAGER: TIBETS, TYPE OF MICHELLE M.	LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
FIRST FLOOR, KITCHEN, BAR/LOUNGE AN STORAGE	ID DINING RC	OOM. BASEMENT;	ONE ROOM FOR
2. the licensee has complied with all la 3. the premises are now open for busin  SIGNED BY	ess (If not expla	nin below)	taxes; and
Individual, Partner or Au	itnorizea Corpo	orate Officer	
DATE: TELEPHONE NU	MBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014400177		CITY OR TOWN	BROCKTO	ON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PETTI'S MARKE	T, LLP			
DOING BUSINESS	A PETTI'S MARK	ET			
ADDRESS 216 BEI	LMONT ST				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301	
	DEAU, TY	PE OF LICENSE: P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	/EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMI				
ONE ROOM FOR F STORY BLDG	RETAIL SALES ANI	D A STORAGE RO	OM ON THE FIRST	FLOOR OF	A TWO
2. the licens		h all laws of the Con	ne same premises now nmonwealth relating to plain below)		
SIGNED BY	Individual, Partner	r or Authorized Corp	oorate Officer		
DATE:	TELEPHON	NE NUMBER:			TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENS By:	ING AUTH	ORITY
DATE:					



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LICENSE NU	MBER: 014400179		CITY OR TOWN BROCK	TON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE N	AME: HOUSER FI	TNESS CORPORATION		
DOING BUSI	NESS A			
ADDRESS 85	LIBERTY STREET			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	CANADA, MARGUERITE	TYPE OF LICENSE: Res	ctaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	1AIL ADDRESS	
	N OF LICENSED P			
FIRST FLOOI STORAGE	R,KITCHEN,BAR/L	OUNGE AND DINING RO	OOM. BASEMENT; ONE RO	OOM FOR
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now licensed;	
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes; ar	nd
3. the	premises are now op	en for business (If not expla	nin below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpo	rate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Soci	ial Security Number)
Acts of 2004,	signed by the build	ing inspector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	the above
Please Check Bel			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u capiani <i>j</i>			
			-	
DATE:				



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LICENSE NUMBER:	014400181		CITY OR TOWN B	ROCKTON
APPLICATION FOR	RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	CHINATOWN RES	STAURANT CORPO	ORATION	
DOING BUSINESS A	A CHINA TOWN			
ADDRESS 051-53 O	AK STREET			
CITY/TOWN: BRO	CKTON	STATE: MA	ZIP CODE:	02301
MANAGER: HAYE Y.	ES, JOYCE P. TYP	E OF LICENSE:Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L	ICENSED PREMIS	ES:		
ONE LARGE DINING STORAGE ON THE			ALL DINING ROOM, OG	KITCHEN AND
I hereby certify and sv	vear under penalties	of perjury that:		
1. the renewe	d license will be of the	ne same type for the	same premises now lic	ensed;
2. the license	e has complied with	all laws of the Comn	nonwealth relating to ta	ixes; and
3. the premise	es are now open for b	ousiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	E NUMBER:		ENTIFICATION NUMBER:
			(Note: NOT Individ	lual Social Security Number)
Acts of 2004, signed	by the building insp	pector and the head	e certificate required l l of the fire departmen rance required by Ch	
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explai	n)			
DATE:				·



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LICENSE NU	MBER: 014400184		CITY OR TOWN BROCKT	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: DOMINGAS	STAVARES		
DOING BUSI	NESS A RESTAUR	ANT LUANDA		
ADDRESS 45	3 CENTRE ST			
CITY/TOWN:	: BROCKTON	STATE: MA	ZIP CODE: 02401	
MANAGER:	TAVARES, DOMINGAS	TYPE OF LICENSE: Res	staurant CATEGORY	: All Alcohol
EMAIL ADDI	RESS:			
		OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	N OF LICENSED PI		ID GTOD A GE DOOM I OG AT	TED ON
	LOOR OF A ONE S'		ND STORAGE ROOM LOCAT	IED ON -
3. the SIGNED BY		en for business (If not explanation) Partner or Authorized Corporation		
DATE:	TELEI	PHONE NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Bel			LOCAL LICENSING AUTI	HORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(PP (	-r/		-	
DATE:				



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LICENSE NU	MBER: 014400185		CITY OR TOWN BROCK	CTON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSI	AME: NO. 1 BUFFET NESS A 51-63 BELMONT ST	HONG KONG, INC.		
	: BROCKTON	STATE: MA	ZIP CODE: 02401	
MANAGER:	QIN CHEN, 7 JESSICA	ГҮРЕ OF LICENSE:R	destaurant CATEGOR	Y: All Alcohol
EMAIL ADDI	RESS:			
DESCRIPTIO	PLEASE ALSO VISIT OU ON OF LICENSED PRE	R WEBSITE AND ENTER YOUR MISES:	EMAIL ADDRESS	
1. the 2. the		of the same type for the vith all laws of the Con	ne same premises now licensed; nmonwealth relating to taxes; a plain below)	
SIGNED BY	Individual, Part	ner or Authorized Corp	porate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Acts of 2004,	signed by the building	inspector and the he	the certificate required by Ch ad of the fire department for surance required by Chapter	the above
Please Check Bel APPROVED: DISAPPROV (If disapprove	ED:		LOCAL LICENSING AU' By:	ГНОRITY
DATE:				
APPLICATION FOR	R RENEWAL MUST BE FILED F	BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400186	CITY OR TOWN BROCKTON
APPLICATION FOR RENEWAL: An	nnual LICENSED FOR 2013
CL	LASS YEAR
LICENSEE NAME: BENE DI SERA, INC.	
DOING BUSINESS A TUTTO BENE	
ADDRESS 1050 PEARL ST	
CITY/TOWN: BROCKTON STATE	E: MA ZIP CODE: 02301
MANAGER: ALBANESE, TYPE OF LICE BENJAMIN P.	ENSE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	VTER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
A LOUNGE/DINING ROOM WITH BAR,TWO AD OFFICE AND STORAGE ROOM IN THE REAR O THIRD DINING AREA, OFFICE AND STORAGE	OF A ONE STORY BUILDING. ADDING A
I hereby certify and swear under penalties of perjury t	that:
1. the renewed license will be of the same type	pe for the same premises now licensed;
2. the licensee has complied with all laws of	the Commonwealth relating to taxes; and
3. the premises are now open for business (If	f not explain below)
SIGNED BY	
Individual, Partner or Authoriz	ized Corporate Officer
DATE: TELEPHONE NUMBER	ER: EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspector and	sion (1) the certificate required by Chapter 304 of the d the head of the fire department for the above bility insurance required by Chapter 116 of the Acts
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED: (If disapproved explain)	
(11 disappioved expiani)	



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014400187		CITY OR	TOWN	BROCKTO	ON
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A	SWEENEY'S DIS	SCOUNT SPIRITS				
ADDRESS 1145 WES	ST CHESTNUT ST	REET				
CITY/TOWN: BROO	CKTON	STATE: MA	ZIP C	CODE:	02301	
MANAGER: CARN J.	EY,MAURA TYF	E OF LICENSE: Pa	ackage Store	; C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	;		
DESCRIPTION OF L	ICENSED PREMIS	SES:				
LICENCED PREMISI ENTRANCES IN THI WITH COOLER IN T CORNER OF THE BI	E FRONT AND TO HE REAR AND SI	LEFT REAR WIL	L CONSIST	Γ OF RE	TAIL SALES	
2. the licensee	rear under penalties d license will be of the e has complied with as are now open for	the same type for the all laws of the Con	nmonwealth			
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Office	er		
DATE:	TELEPHON	E NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL By:	LICENS	SING AUTH	ORITY
DATE:						



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LICENSE NUMBER:	014400190		CITY OF	RTOWN	BROCKTO	DN
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 770 CRES	<u>.</u>	COMMUNITY COL	LEGE-CONFI	ERENCE	CENTER	
CITY/TOWN: BROO		STATE: N	IA ZIP C	CODE:	02302	
MANAGER: BEAN		TYPE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OU	UR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	5		_
DESCRIPTION OF LI FUNCTION FACILIT AND STORAGE ARE	Y WITH THRI	EE BARS, A RECEP				CHEN
3. the premise SIGNED BY	s are now open	with all laws of the C for business (If not e	explain below)		o taxes; and	
DATE:	TELEPH	ONE NUMBER:				TON NUMBER:
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building	g inspector and the l	nead of the fir	e departı	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	] n)		LOCAL By:	LICENS	ING AUTHO	ORITY
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 014400196		CITY OR TOW	N BROCKTO	ON
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 163-65 C	CRESCENT ST				
CITY/TOWN: BRO	OCKTON	STATE: M	A ZIP CODE:	02302	
MANAGER: DO,	THI MINH T	YPE OF LICENSE:	Package Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF					
ONE MAIN ROOM REFRIGERATOR A STORY BLDG					
2. the license	ee has complied wi	• •	the same premises no ommonwealth relating xplain below)		
SIGNED BY	Individual, Partn	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICED By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 014400198		CITY OR IC	JWN DRUCKIC	JIN
APPLICATION FOI	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ATHENA IN	NTERNATIONAL FOODS	S, INC		
DOING BUSINESS	A				
ADDRESS 753 PLE	ASANT ST				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP COD	DE: 02301	
MANAGER: GIAI	NNAROS, OLAOS	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PI	REMISES:			
3227 SQ FT FOR RI	ETAIL SALES	WITH A WALK IN COC	OLER TO THE	REAR OF THE S	TORE
	ses are now op	d with all laws of the Comen for business (If not exponents)  Partner or Authorized Corp	lain below)	tung to taxes, and	
DATE:	TELEI	PHONE NUMBER:		LOYER IDENTIFICAT  OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LI By:	CENSING AUTHO	ORITY
,	- 7				
DATE:					



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LICENSE NUMB	EK: 014400199		CITY OR TOWN BROCKIN	JN
APPLICATION F	OR RENEWAL:	Annual	LICENSED FOR 2	013
		CLASS		YEAR
LICENSEE NAM	E: BROCKTON FAIR	R CATERERS, INC.		
DOING BUSINES	SS A			
ADDRESS 433 FO	OREST AVENUE			
CITY/TOWN: B	ROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: CA	ARNEY, MAURA TYP	'E OF LICENSE:Res	taurant CATEGORY:	All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	_
DESCRIPTION C	OF LICENSED PREMIS	SES:		
•	d swear under penalties	1 0 0		
		• •	same premises now licensed;	
2. the lice	ensee has complied with	all laws of the Comm	nonwealth relating to taxes; and	
3. the pre	mises are now open for	business (If not expla	in below)	
SIGNED BY			O CC	
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:				WON 1 W 11 (D ED
DATE.	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
			individual poetar i	security Trainioci)
			e certificate required by Chapt	
, 0	·	-	of the fire department for the rance required by Chapter 110	
of 2010.	iu (2) the certificate of	inquoi nability ilisui	rance required by Chapter 110	o of the Acts
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	OMTT
DISAPPROVED:			2,1	
(If disapproved ex	plain)		-	
DATE:				
APPLICATION FOR REI	NEWAL MUST BE FILED BY LI	ICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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	JIN
APPLICATION FOR RENEWAL: Annual LICENSED FOR 2	013
CLASS	YEAR
LICENSEE NAME: BROCKTON BASEBALL CONCESSIONS, INC. DOING BUSINESS A	
ADDRESS 1 LEXINGTON AVE.	
CITY/TOWN: BROCKTON STATE: MA ZIP CODE: 02301	
MANAGER: CANINA, TYPE OF LICENSE: Restaurant CATEGORY: MICHAEL A.	All Alcohol
EMAIL ADDRESS:  PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:	
1 STORY BLDG. LARGE FUNCTION HALL DIVISBLE INTO 3 SEPERATE ROOMS, MEETING, LOBBY, & RECEPTION AREA LOCATED IN FRONT ENTRY, A SEC RECEPTION AREA LOCATED IN THE ROTUNDA AT REAR, UP TO 7 PORTABLE BARKITCHEN, OFFICE & LIQUOR STORAGE ROOM.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the same premises now licensed;	
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and	
<ul><li>2. the licensee has complied with all laws of the Commonwealth relating to taxes; and</li><li>3. the premises are now open for business (If not explain below)</li></ul>	
•	
3. the premises are now open for business (If not explain below)  SIGNED BY	
3. the premises are now open for business (If not explain below)  SIGNED BY	ΓΙΟΝ NUMBER:
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer	
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATE	ter 304 of the above
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social States)  We the undersigned, attest that we are in possession (1) the certificate required by Chapte Acts of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010.  Please Check Below: LOCAL LICENSING AUTHORS.	ter 304 of the e above 6 of the Acts
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S)  We the undersigned, attest that we are in possession (1) the certificate required by Chapt Acts of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORS (NOTE) (By:	ter 304 of the e above 6 of the Acts
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social States of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010.  Please Check Below: LOCAL LICENSING AUTHORS (NOTE) By:  DISAPPROVED:	ter 304 of the e above 6 of the Acts
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social S)  We the undersigned, attest that we are in possession (1) the certificate required by Chapt Acts of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010.  Please Check Below:  APPROVED: LOCAL LICENSING AUTHORS (NOTE) (By:	ter 304 of the e above 6 of the Acts
3. the premises are now open for business (If not explain below)  SIGNED BY  Individual, Partner or Authorized Corporate Officer  DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social States of 2004, signed by the building inspector and the head of the fire department for the named license and (2) the certificate of liquor liability insurance required by Chapter 116 of 2010.  Please Check Below: LOCAL LICENSING AUTHORS (NOTE) By:  DISAPPROVED:	ter 304 of the e above 6 of the Acts



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	014400205		CITY OR TOWN	1 BROCKTON	
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEA	.R
LICENSEE NAME:	BERTUCCI'S RES	TAURANT, COI	RP.		
DOING BUSINESS A	BERTUCCI'S BR	RICK OVEN RIST	TORANTE		
ADDRESS 1285 BEL	MONT STREET				
CITY/TOWN: BROO	CKTON	STATE: M	ZIP CODE:	02301	
MANAGER: BELIZ	ZAIRE, RONY TYP	PE OF LICENSE:	Restaurant	CATEGORY: All	Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION OF L					
WESTERLY END OF KITCHEN, FOOD PR					ξ,
I hereby certify and sw	vear under penalties	of perjury that:			
1. the renewed	d license will be of	the same type for	the same premises no	w licensed;	
	1		ommonwealth relating	to taxes; and	
3. the premise	es are now open for	business (If not e	xplain below)		
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer		
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer		
SIGNED BY	Individual, Partner	or Authorized Co	orporate Officer		
SIGNED BY  DATE:				ER IDENTIFICATION N	NUMBER:
		or Authorized Co	EMPLOY	ER IDENTIFICATION N	
	TELEPHON , attest that we are by the building ins	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <b>NOT</b> ) ) the certificate required of the fire depar	ndividual Social Security red by Chapter 30 tment for the abov	y Number)  4 of the
DATE:  We the undersigned, Acts of 2004, signed named license and (2	TELEPHON , attest that we are by the building ins	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <u>NOT</u> ) ) the certificate required of the fire depairs nsurance required b	red by Chapter 30 tment for the abov y Chapter 116 of the	y Number)  4 of the ve he Acts
DATE:  We the undersigned, Acts of 2004, signed named license and (2 of 2010.  Please Check Below: APPROVED:	TELEPHON , attest that we are by the building ins	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <u>NOT</u> ) ) the certificate required of the fire depairs nsurance required b	ndividual Social Security red by Chapter 30 tment for the abov	y Number)  4 of the ve he Acts
DATE:  We the undersigned, Acts of 2004, signed named license and (2 of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHON, attest that we are by the building ins 2) the certificate of	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <u>NOT</u> 1) the certificate required of the fire depairs nsurance required by	red by Chapter 30 tment for the abov y Chapter 116 of the	y Number)  4 of the ve he Acts
DATE:  We the undersigned, Acts of 2004, signed named license and (2 of 2010.  Please Check Below: APPROVED:	TELEPHON, attest that we are by the building ins 2) the certificate of	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <u>NOT</u> 1) the certificate required of the fire depairs nsurance required by	red by Chapter 30 tment for the abov y Chapter 116 of the	y Number)  4 of the ve he Acts
DATE:  We the undersigned, Acts of 2004, signed named license and (2 of 2010.  Please Check Below: APPROVED: DISAPPROVED:	TELEPHON, attest that we are by the building ins 2) the certificate of	E NUMBER: in possession (1) spector and the h	EMPLOY (Note: <u>NOT</u> 1) the certificate required of the fire depairs nsurance required by	red by Chapter 30 tment for the abov y Chapter 116 of the	y Number)  4 of the ve he Acts



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LICENSE NUMBE	K: 014400207		CITY OR I	OWN DRUCKI	ON
APPLICATION FO	R RENEWAL	Annual	I	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME	: TEXAS RO	AD HOUSE HOLDING	S, LLC		
DOING BUSINESS	S A TEXAS RO	DADHOUSE			
ADDRESS 124 WI	ESTGATE DRI	VE			
CITY/TOWN: BR	OCKTON	STATE: M	A ZIP CO	DE: 02301	
MANAGER: FROM	OHNE, TTHEW A.	TYPE OF LICENSE:	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISI	I OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
THE REAR OF TH		G AREAS, A KITCHEN	AND AN OFFIC	CE, STORAGE AI	REA IN -
3. the prem		een for business (If not expenses) Partner or Authorized Co			
DATE:	TELE	PHONE NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>r</u>	NOT Individual Social	Security Number)
Acts of 2004, signe	ed by the build	we are in possession (1) ing inspector and the heate of liquor liability in	ead of the fire o	lepartment for th	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL L By:	ICENSING AUTH	HORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 014400208		CITY OR TOWN	BROCKTON
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: BRAZIL ON	THE GRILL, INC.		
DOING BUSI	NESS A BRAZIL G	RILL		
ADDRESS 69	6 CRESCENT ST			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02302
MANAGER:	SAMPLE, JEFFREY L.	TYPE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	N OF LICENSED PI			
ONE STORY		AR, KITCHEN AND STO	RAGE ROOM ON F	FIRST FLOOR OF A
SIGNED BY		en for business (If not exp		
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the heat eate of liquor liability instant	d of the fire depart	
Please Check Belo			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapproved				
(11 disapproved	ı елріані <i>)</i>			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014400211		CITY OR TOW	N BROCKTO	ON
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
	: MAX PACHECO S A BUENA VISTA MAIN STREET				
CITY/TOWN: BR		STATE: MA	ZIP CODE:	02301	
MANAGER: PAG		PE OF LICENSE: R		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		
<ol> <li>the renev</li> <li>the licen</li> </ol>	swear under penaltic wed license will be o see has complied wit ises are now open fo	f the same type for the the the contract of the the contract the the the the the the the type for the the the the the the type for the	nmonwealth relating		
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we an ed by the building in (2) the certificate of	nspector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICES By:	NSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:014400214		C	CITY OR TOV	WN	BROCKTO	ON
APPLICATION FOR	RENEWAL:	Annua	al	LIC	CENS	SED FOR 20	013
		CLAS	S				YEAR
LICENSEE NAME:	GRETCHEN KEY	YWORTH					
DOING BUSINESS	A FULLE CRAFT	MUSEUM					
ADDRESS 455 OAK	ST						
CITY/TOWN: BRO	CKTON	STATE:	MA	ZIP CODE	Ξ:	02301	
MANAGER:	TY	PE OF LICENS	SE:Resta	urant	CA	TEGORY:	All Alcohol
EMAIL ADDRESS:							
ī	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAI	L ADDRESS			
DESCRIPTION OF I							
TWO STORY 20800 PERFORMANCE TH			NCLUDI	ES ART STU	DIO	S, GALLER	IES,
	1 1.1	C : 1					
I hereby certify and s	wear under penaltie ed license will be o	1 0 0		me premises	now	licensed:	
	ee has complied wit	• •		•			
	ses are now open fo					, , , , , , , , , , , , , , , , , , , ,	
SIGNED BY							
	Individual, Partne	er or Authorized	Corpora	te Officer			
DATE:	TELEPHO	NE NUMBER:					TION NUMBER:
				(Note: NO	<u>T</u> Indi	vidual Social S	Security Number)
We the undersigned							
Acts of 2004, signed named license and (							
of 2010.	z) the certificate of	riquor nuomi	j msuru	nee required	. Dy (	Shapter 110	01 0110 11005
Please Check Below:				LOCAL LIC	ENS:	ING AUTH	ORITY
APPROVED:				By:			
DISAPPROVED:							
(If disapproved expla	III <i>)</i>						
				-			
DATE:				-			



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LICENSE NUMBER: 01	4400217		C	ITY OR TOV	VN BROCK	TON
APPLICATION FOR RE	ENEWAL:	Annu	ıal	LIC	CENSED FOR	2013
		CLA	SS			YEAR
LICENSEE NAME: M. DOING BUSINESS A C ADDRESS 250 MAIN S	CRISTAL REST		JEL ROD	RIGUES		
CITY/TOWN: BROCK		STATE:	MA	ZIP CODE	: 02301	
MANAGER:		PE OF LICEN				Y: All Alcohol
EMAIL ADDRESS:		- LOT LICEN	SE. Resta		CHILOOK	The raconor
	SE ALSO VISIT OUR W	EBSITE AND ENTER	R YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICE	ENSED PREMI	SES:				
DINING ROOM AND K BLDG.					OR OF MULT	I-STORY
2. the licensee has 3. the premises a SIGNED BY	•	business (If n	ot explain	below)	ng to taxes, an	N.
DATE:	TELEPHON	IE NUMBER:				CATION NUMBER: al Security Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building in	spector and t	he head o	f the fire dep	artment for t	the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)				LOCAL LICE	ENSING AUT	THORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 014400218		CITY OR TOWN BROCKTON
APPLICATIO1	N FOR RENEWAL:	Annual	LICENSED FOR 2013
		CLASS	YEAR
LICENSEE NA	AME: MPJ ASSOC	IATES INC.	
DOING BUSI	NESS A MICKEY M	IALONE'S TAVERN	
ADDRESS 34	7 NORTH PEARL ST	ΓREET	
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE: 02301
MANAGER:	MOVNIHAN, PETER P.	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol
EMAIL ADDR	RESS:		
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS
-	N OF LICENSED PR		
		atio in the rear of the buildi	AREA ON THE FIRST FLOOR OF A ing
	premises are now ope	en for business (If not expla	
DATE			
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the head	e certificate required by Chapter 304 of the l of the fire department for the above rance required by Chapter 116 of the Acts
Please Check Belo			LOCAL LICENSING AUTHORITY
APPROVED:			By:
DISAPPROVE (If disapproved			
· · · · · · · · · · · · · · · · · · ·	F/		
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014400219		CITY OR TOWN	BROCKTO	ON
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
	: MELA ENTERPE S A GARCIA GROC		L		
ADDRESS 880 MA	AIN STREET				
CITY/TOWN: BR	OCKTON	STATE: MA	ZIP CODE:	02302	
MANAGER: ZAF	FAR, MD ABU TY	PE OF LICENSE: P	Package Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR	E EMAIL ADDRESS		_
	LICENSED PREMI				
	WITH CUSTOMER		LVES FOR GROCER SOUTHEAST CORN		
2. the licens		h all laws of the Cor	he same premises nov mmonwealth relating plain below)		
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	SING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	1:014400220		CITY (	OR TOWN	1 BROCKTO	ON
APPLICATION FOR	R RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	CAPTAIN D	ICK'S SEAFOOD INC.				
DOING BUSINESS	A MCMENA	MY'S SEAFOODS				
ADDRESS 810 BEL	MONT STRE	ET				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZII	P CODE:	02301	
	IENAMY, IARD	TYPE OF LICENSE: Re	staurant	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDF	RESS		
DESCRIPTION OF						
	CUNTER ON	RVICE BAR & COUNTE 1ST FLOOR OF 2 STORY	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			ALES
	ses are now op	d with all laws of the Comien for business (If not expl	ain belo	w)	to taxes; and	
DATE:	TELEI	PHONE NUMBER:	(1)			TION NUMBER: Security Number)
Acts of 2004, signed	by the buildi	ve are in possession (1) thing inspector and the headate of liquor liability insu	d of the	fire depar	tment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOC. By:	AL LICEN	ISING AUTH	ORITY
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400222	•	CITY OR TOWN BROCKTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: TAMBOO, II DOING BUSINESS A	NC	
ADDRESS 252-60 MAIN ST		ZID CODE 00001
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301
MANAGER: CHARLOT, CHRISMIN	TYPE OF LICENSE: Rest	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
ONE MAIN DINING ROOM, ONE ROOM AND A KITCHEN ON THE STORAGE SPACE IN BASEMEN	PRIVATE DINING ROOM E FIRST FLOOR OF A ON	M, BAR, WAITING AREA, ONE COAT E STORY BUILDING, WITH
3. the premises are now open SIGNED BY		
DATE: TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 0	14400224		CITY	OR TOWN	BROCKTO	N
APPLICATION FOR R	ENEWAL:	Annua	1	LICEN	SED FOR 20	13
		CLAS	S			YEAR
LICENSEE NAME: N	AX'S HIDEOUT, I	NC				
DOING BUSINESS A						
ADDRESS 68 FIELD S	ST					
CITY/TOWN: BROCK	KTON	STATE:	MA ZI	P CODE:	02301	
MANAGER: ASACK J.	, MICHAEL TYPE	OF LICENS	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEBSI	ITE AND ENTER Y	OUR EMAIL ADD	RESS		
DESCRIPTION OF LIC	CENSED PREMISES	S:				
2. the licensee	ear under penalties of license will be of the has complied with all are now open for bu	e same type f	or the same p Commonwea	lth relating to		
SIGNED BY	ndividual, Partner or	Authorized	Corporate Of	ficer		
DATE:	TELEPHONE I	NUMBER:	(		R IDENTIFICAT	
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building inspe	ector and the	e head of the	fire departi	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	1					
DATE:						
APPLICATION FOR RENEWAL	. MUST BE FILED BY LICE	NSEES DURING	THE MONTH OF	NOVEMBER (M	I.G.L. Ch. 138 \$ 16	(A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 014400	)225	CITY OR TOWN BROCKTON			
APPLICATION FOR RENEV	WAL: Annual	LICENSED FOR 2	2013		
	CLASS		YEAR		
LICENSEE NAME: BUFFA DOING BUSINESS A RESI ADDRESS 124 LIBERTY ST		TES LLC			
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301			
MANAGER: TORRES, RC	SINES TYPE OF LICENSE: R	destaurant CATEGORY:	Wine and Malt Regular		
	SO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
	N THE RESIDENCE INN-BRO G ROOM, AND PATIO WHIC	OCKTON AND DESIGNATED A TH ARE ALL ON THE FIRST FL			
2. the licensee has co	e will be of the same type for the	ne same premises now licensed; nmonwealth relating to taxes; and plain below)			
SIGNED BY Individ	lual, Partner or Authorized Cor	porate Officer			
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social			
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chap ad of the fire department for the surance required by Chapter 11	e above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	IORITY		
DATE:					



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LICENSE NUM	MBER: 014400227		CITY OR TOWN	BROCKTO	N
APPLICATION	FOR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS			YEAR
LICENSEE NA	ME: CHONGHIE H. K	ſΜ			
DOING BUSIN	IESS A DAORA SUSHI				
ADDRESS 21	TORREY STREET				
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301	
	KIM, CHONGHIE TYI H.	PE OF LICENSE: Resi	caurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
	OF LICENSED PREMIS				
	WITH A KITCHEN AND ΓFLOOR OF A TWO ST				
I hereby certify	and swear under penalties	of perjury that:			
1. the r	enewed license will be of	the same type for the	same premises now l	icensed;	
	icensee has complied with		· ·	taxes; and	
3. the p	premises are now open for	business (If not expla	in below)		
SIGNED BY	T. P. M. J. D. W.	A	0.00		
	marviduai, Partiiei	or Authorized Corpor	rate Officer		
DATE:			EMPLOWED:		ION NHA IDED
DATE.	TELEPHON	E NUMBER:	(Note: NOT Indiv		ION NUMBER: ecurity Number)
			, <u> </u>		,
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	spector and the head	of the fire departm	ent for the	above
Please Check Below	<u>w:</u>		LOCAL LICENSI	NG AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)		_		
			-		
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 014400228		CITY OR TOWN	BROCKTO	ON
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NA	AME: ANTONIO FO	NSECA			
DOING BUSIN	NESS A CJ BEER AN	ID WINE			
ADDRESS 72	I WARREN AVENUE	E			
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER:	FONSECA, ANTONIO	TYPE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS		-
DESCRIPTION	N OF LICENSED PRE	EMISES:			
FIRST FLOOR	R WITH ADDITIONA	ALES COUNTER, OFFI L STORAGE IN BASE OOR FOR DELIVERIES	MENT AND AN EN		
	and swear under pena				
	•	e of the same type for the	e same premises now	licensed;	
		with all laws of the Com	_		
	=	for business (If not exp	=		
SIGNED BY					
	Individual, Par	tner or Authorized Corp	orate Officer		
DATE:	TELEPH	IONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:		
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	11.07101110	
DISAPPROVE	ED:		,		
(If disapproved	l explain)				
DATE:					
DAIL.					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 01440022	9	CITY OR TOWN	BROCKTO	ON	
APPLICATION FOR RENEWA	AL: Annual	LICEN	SED FOR 20	R 2013	
	CLASS			YEAR	
LICENSEE NAME: MARCEI	LINO ALVES AND MARIA	ALVES			
DOING BUSINESS A CELINA	A'S MARKET				
ADDRESS 1041 North Main St					
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE:	02301		
MANAGER:	TYPE OF LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		-	
DESCRIPTION OF LICENSED	PREMISES:				
front entrance and a walk in coo counter at front	ler in rear center and beer and	d wine store in rear of	the bldg. Sal	les	
3. the premises are now SIGNED BY	open for business (If not exp	olain below)			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:		By:			
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 014400230		CITY OR TOWN	BROCKTO	ON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	M.J. MARTINS EN	TERPRISES,INC.			
DOING BUSINESS	A EASTSIDE MAR	KET			
ADDRESS 364 CEN	NTRE STREET				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: MAI J.	RTINS, MARIA TYP	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				
DISPLAY RACKS	STS OF CONVIENCE FOR BEER AND WIN AND OFFICE IN THI	NE TOGETHER W			
	swear under penalties				
-	ved license will be of the		e same premises now	licensed;	
2. the licens	see has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the premi	ises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corr	orata Officar		
	marviduai, Farmer	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	7 NILIMDED.	EMPLOYER	DENTIFICAT	ION NUMBER:
	TELEFHONE	E NUMBER.	(Note: NOT Ind		
Please Check Below: APPROVED:			LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 014400231		CITY OR TOWN	BROCKTO	ON
APPLICATION FOR RENEWAL: Annual LICE			LICEN	NSED FOR 2013	
		CLASS			YEAR
LICENSEE NA	AME: SHIVA KISH	HU CORPORATION			
DOING BUSI	NESS A				
ADDRESS 354	4 OAK STREET				
CITY/TOWN:	BROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER:	PATEL, JAVANT KUMMAR	TYPE OF LICENSE:P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				]
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PF	REMISES:			
		ER AND WINE COOLE NTER, STORAGE ROOM		FOR BEER A	AND
		d with all laws of the Cor en for business (If not exp		o taxes; and	
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER	R IDENTIFICAT	TION NUMBER:
			(Note: <u>NOT</u> Ind	lividual Social S	ecurity Number)
Please Check Belo			LOCAL LICENS By:	SING AUTH	ORITY
DISAPPROVE					
(If disapproved	i explain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014400233		CIT	Y OR TOWN	BROCKTO	)N
APPLICATION FO	R RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	HACIENDA DEL	ROSARIO, IN	C			
DOING BUSINESS	A BURRITO WRA	PS, MEXICAN	N GRILL			
ADDRESS 688 CRI	ESCENT STREET					
CITY/TOWN: BRO	OCKTON	STATE:	MA	ZIP CODE:	02301	
MANAGER: PER ALE	EZ, TYF EJANDRO	PE OF LICENS	SE:Restaura	unt CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAIL A	DDRESS		-
	LICENSED PREMIS					
	AND A KITCHEN W					
•	swear under penalties wed license will be of			nramicae now	licensed:	
	see has complied with	• •		-		
	ises are now open for			•		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	Officer		
DATE:	TELEPHON	E NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are ed by the building ins (2) the certificate of	spector and th	e head of t	he fire departı	nent for the	above
Please Check Below:			LO	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			Ву	<i>i</i> :		
DISAPPROVED: [ (If disapproved expl	 ain)					
(11 disappioved expi	am)					_
DATE:			_			
DATE:			_			
			_			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 014400234		CITY OR TOWN	BROCKTO	ON
APPLICATION FO	OR RENEWAL:	Annual	LICENS	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME	E: E/S STODDARD IN	C.			
DOING BUSINES	S A TEDESCHI FOOD	SHOP			
ADDRESS 441 CR	RESCENT STREET				
CITY/TOWN: BR	ROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: STO M.	ODDARD, ERIC TYPE	OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	F LICENSED PREMISE	S:			
	STORE WITH A SHELF A CHECK OUT COUN				
3. the pren	nises are now open for bu				
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below:	1		LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved exp	olain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 014400235		CITY OR TOWN	BROCKTO	ON
APPLICATION FOR RENEWAL: Annu		Annual	LICEN	LICENSED FOR 2013	
		CLASS			YEAR
LICENSEE NAME	: VICENTE'S LIQUO	RS & TROPICAL	GROCERY,INC		
DOING BUSINESS	S A				
ADDRESS 679 MA	AIN STREET				
CITY/TOWN: BR	ROCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: RO	DRIGUES,ALIN TYPE	E OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR F	EMAIL ADDRESS		-
DESCRIPTION OF	F LICENSED PREMISE	ES:			
	E STORE WITH ONE I COUNTER AND AN O		AND COOLER FOR	BEER AND	)
	usee has complied with a nises are now open for b		=	o taxes; and	
SIGNED D1	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 014400238			CITY OR TOWN	BROCKT(	ON
APPLICATION FO	R RENEWAL:		Annual	LICE	NSED FOR 2	.013
			CLASS			YEAR
LICENSEE NAME	: ABOUJAOU	JDI INC.				
DOING BUSINESS	S A TEDESCH	I FOOD SH	OP			
ADDRESS 304 BE	LMONT STRE	ET				
CITY/TOWN: BR	OCKTON	S	TATE: MA	ZIP CODE:	02301	
MANAGER: ABO ELI	OUJAOUDI, E	TYPE OF	F LICENSE: Pa	ackage Store (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:					
	PLEASE ALSO VISI	Γ OUR WEBSITE	AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED P	REMISES:				
A CONVENIENCE CHECK OUT COU		HONE COC	LER FOR BE	ER AND WINE DI	SPLAY AND	ONE
3. the prem	ises are now op  Individual, I		ness (If not exp			
DATE:	TELE	PHONE NU	MBER:			TION NUMBER: Security Number)
Please Check Below:				LOCAL LICEN	ISING AUTH	ORITY
APPROVED: DISAPPROVED:				By:		
(If disapproved exp	lain)					
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	14400239		CITY OR TOWN	BROCKTO	ON
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: R	ENU CORP				
DOING BUSINESS A	B D MART				
ADDRESS 95 MONTE	LLO ST				
CITY/TOWN: BROCK	KTON	STATE: MA	ZIP CODE:	02301	
MANAGER: KHAN,	MONZUR T	TYPE OF LICENSE: P	ackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREM	MISES:			
ONE LEVEL BRICK B SERVICE COUNTER V					OLERS,
3. the premises SIGNED BY	are now open	rith all laws of the Cor for business (If not exp ner or Authorized Cor	plain below)	o taxes; and	
11	nuividuai, Fait	nei of Authorized Cor	porate Officer		
DATE:	TELEDIA	ONE NUMBER.	EMPLOYER	DENTIFICAT	TON NUMBER:
	TELEFT	ONE NUMBER:	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
DATE:					



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### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 014400242		CITY OR TOWN	BROCKTO	ON
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	ST. MENA CORP.				
DOING BUSINESS	A 7-ELEVEN				
ADDRESS 65 OAK	STREET EXT.				
CITY/TOWN: BRO	OCKTON	STATE: MA	ZIP CODE:	02301	
MANAGER: SING	GER,ARMAND TYPE (	OF LICENSE:P	ackage Store C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR	EMAIL ADDRESS		
	LICENSED PREMISES				
	FORE WITH DESIGNA TTH CHECK OUT COU UILDING.				
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	ved license will be of the	same type for th	e same premises now	licensed;	
2. the licens	see has complied with all	laws of the Con	nmonwealth relating t	o taxes; and	
3. the premi	ises are now open for bus	siness (If not exp	plain below)		
SIGNED BY	Individual, Partner or	Authorized Cor	orate Officer		
	marviduai, r armer or	Authorized Corp	oorate Officer		
DATE:	TELEDIJONE N	HIMDED.	EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TELEPHONE N	WIDEK.			Security Number)
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expl	ain)				
•					
DATE:					



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LICENSE NUM	BER: 014400243		CITY OR TOWN BROCK	ION
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSINI		APANESE STEAK HOU	SE INC.	
CITY/TOWN:		STATE: MA	ZIP CODE: 02301	
MANAGER: 1		TYPE OF LICENSE: R		Y: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	OF LICENSED P	REMISES:		
MAIN DINING TWO STORAGE		IE BAR AND A SUSHI B	SAR, A KITCHEN, AN OFFICE	AND
I hereby certify a	and swear under pe	enalties of perjury that:		
1. the re	newed license will	be of the same type for th	e same premises now licensed;	
2. the lie	censee has complie	ed with all laws of the Con	nmonwealth relating to taxes; and	d
3. the pr	remises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC. (Note: NOT Individual Social	
Acts of 2004, si	gned by the build	ing inspector and the hea	he certificate required by Cha ad of the fire department for the surance required by Chapter 1	he above
Please Check Below	<u>:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved e	ληνιαπι <i>)</i>			
DATE:				
APPLICATION FOR R	ENEWAL MUST BE FILI	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 S	\$ 16A)



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LICENSE NUMBER	:014400244		CITY OR TOWN BROC	KTON
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	HINOSTROZA, A	NGEL		
DOING BUSINESS	A THE PERUVIAN	N PLACE		
ADDRESS 55 CITY	HALL PLAZA			
CITY/TOWN: BRO	CKTON	STATE: MA	ZIP CODE: 02301	
MANAGER:	TY	PE OF LICENSE:Re	staurant CATEGOI	RY: Wine and Malt Regular
EMAIL ADDRESS:				
1	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF I				
			TCHEN WITH AN OFFICE OF A MULTI-STORY BUIL	
I hereby certify and s				
1. the renewe	ed license will be of	the same type for the	same premises now licensed	ļ <b>;</b>
2. the license	e has complied with	all laws of the Com	monwealth relating to taxes; a	and
3. the premis	es are now open for	business (If not expl	ain below)	
SIGNED BY				
	Individual, Partner	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	IE NUMBER:	EMPLOYER IDENTIF	
			(Note: NOT Individual So	cial Security Number)
Acts of 2004, signed	by the building in	spector and the head	e certificate required by Cl d of the fire department for trance required by Chapter	the above
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:	$\neg$		By:	
DISAPPROVED:				
(If disapproved expla	III <i>)</i>			
				<del></del>
DATE:				



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LICENSE NUMBER: 014400245	;	CITY OR TOWN BROCK	TON
APPLICATION FOR RENEWAL	L: Annual	LICENSED FOR	2 2013
	CLASS		YEAR
LICENSEE NAME: CSMR CO	RPORATION		
DOING BUSINESS A THE SPO	T		
ADDRESS 133 NORTH MAIN S	STREET		
CITY/TOWN: BROCKTON	STATE: MA	ZIP CODE: 02301	
MANAGER: SAM, CHENET	TYPE OF LICENSE:R	destaurant CATEGOR	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSED			
ONE ROOM WITH A BAR ANI THE REAR ON THE STREET F			CATED IN
I hereby certify and swear under p	penalties of perjury that:		
1. the renewed license w	ill be of the same type for the	ne same premises now licensed;	
-		nmonwealth relating to taxes; an	nd
3. the premises are now of	open for business (If not exp	plain below)	
SIGNED BY Individual	, Partner or Authorized Cor	porate Officer	
21102 / 20001	, 1 41 41 61 1 1 4 4 4 4 4 4 4 4 4 4 4 4		
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDENTIFIC	CATION NUMBER:
TLL	EI HOILE NOMBER.	(Note: NOT Individual Soci	ial Security Number)
We the understand attest that	t wa are in negacion (1) t	he contificate necessined by Ch	anton 201 of the
We the undersigned, attest that Acts of 2004, signed by the buil			
named license and (2) the certiful of 2010.	ficate of liquor liability ins	surance required by Chapter	116 of the Acts
Please Check Below:		LOCAL LICENSING AUT	ΓHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE F	ILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138	3 \$ 16A)